**LBN Accommodation Management System**

**PROVIDER INFORMATION FORM**

Please complete and return this registration form to **Francesca Gasparro Francesca.Gasparro@newham.gov.uk by 25th April 2022 at 5pm.**

|  |  |
| --- | --- |
| **Name of your Organisation** |  |
| **Address** |  |
| **Name of Key Contact** |  |
| **Position** |  |
| **Email** |  |
| **Phone Number** |  |
| **How many attendees will be attending from your organisation? If more than 1 then please provide name and email address**  |  |
| **Is your organisation a:** | * **Private Sector**
* **Local authority**
* **Social Enterprise**
* **Charity**
* **Voluntary Community Sector/Third Sector**
* **Other**
 |
| **Please provide a short introduction to your organisation (150 words max.)** |  |
| **Please indicate if you are interested in being:** | * **A Partner**
* **A lead provider**
* **A member of a consortium**
* **Do not know yet**
* **N/A**
* **Other ( please specify)**
 |
| **Please indicate if you are interested in partnering with other providers for this service** | * **Yes**
* **No**
* **Do not know yet**
* **N/A**
 |
| **If yes, please provide a short description of what specific areas you are looking for partnerships** |  |



**Please answer the below questions in the area provided below. This information may be used to inform future Accommodation Management Systems**

|  |  |
| --- | --- |
| **Question 1:****Are there existing products in the market that can deliver the above?** |  |
| **Question 2:****What elements would be a challenge?** |  |
| **Question 3:****Are there alternative elements that we should be capturing?** |  |
| **Question 4:****Are there alternative solutions that achieve the same results?** |  |

**Please submit any questions you may have for the Buyers in the area provided below. This information may be used to inform a future market event, details of which will provided in due course:**

|  |  |
| --- | --- |
| **Question 1** |  |
| **Question 2** |  |
| **Question 3** |  |
| **Question 4** |  |