**South East London CCG**

**Greenwich Bereavement Counselling Service**

**Name of organisation: (Please insert name of organisation)**

Please provide confirmation that your organisation can demonstrate the following essential criteria to deliver the subject service:

|  |  |
| --- | --- |
| **No.** | **Question** |
| 1. | Demonstrate that your organisation has experience delivering bereavement counselling to diverse populations.  |
| Response  |  |
| 2. | Please provide evidence that your organisation has the required staffing levels with expertise to deliver bereavement support to a minimum caseload of 350 Greenwich residents per year. You can make use of trained volunteers but would need to evidence your organisations capability to deliver training and supervision.  |
| Response |  |
| 3. | Outline your organisations experience working with and delivering care to a wide age-range of people. This service will require delivery of care to both adults and children in Greenwich. |
| Response |  |
| 4. | Please evidence your organisations commitment to equity and ability to deliver sensitive and accessible bereavement support regardless of race, ethnicity, gender, sexual orientation, disability, or housing status.  |
| Response |  |
| 5. | Evidence that your organisation can meet the quality and performance standards of the NHS standard contract and specific standards set out for this service.  |
| Response |  |
| 6. | Evidence that you will be able to provide suitable premises located in the Borough of Greenwich and easily accessible by public transport.  |
| Response |  |
| 7. | This opportunity is limited to voluntary sector/ charitable organisations. Please confirm your organisation meets these criteria.  |
| Response |  |
| 8. | Evidence that your organisation has the ability to adapt to a changing environment, particularly in the context of delivering services both face-to-face and virtually and making use of technological solutions.  |
| Response |  |
| 9. | Evidence that your organisation is able to delivery this service within the financial envelope of £52,500.  |
| Response |  |

**Contact Name and Role:**

**Organisation:**

**Address:**

**Landline Number:**

**Mobile Number:**

**Email:**

Please submit completed form via messaging facility on Pro-Contract for this project by no later 17:00 hrs on 10 December 2021. Please note that the commissioners/contracting authority/customer must not be contacted under any circumstances. All communication must be via the messaging facility.