**NHS CALDERDALE CLINICAL COMMISSIONING GROUP & CALDERDALE COUNCIL**

Children and Adolescent Mental Health Services (CAMHS) Service Bidder Information Event

Monday 9th May 2016, 9.30–11.00am

***(NB - if this event if oversubscribed an additional session will take place at 11.00-12.30pm)***

Shibden Meeting Room, 5th Floor, F Mill, Dean Clough, Halifax HX3 5AX

**Provider Registration Form**

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| --- | --- |
| **Provider Registration** | |
| Organisation Name: |  |
| Address: |  |
| Website: |  |
| Organisation/business type: |  |
| Contact Name: |  |
| Contact Email: |  |
| Contact Telephone Number: |  |
| Do you agree for your information to be shared with other Providers? |  |

|  |  |
| --- | --- |
| **Delegate Registration** | |
| **Delegate 1** | |
| Name |  |
| Job Title |  |
| Email Address |  |
| Contact Number |  |
| **Delegate 2** | |
| Name |  |
| Job Title |  |
| Email Address |  |
| Contact Number |  |

**Please complete and return this Provider Registration Form via the NHS Sourcing**

**e-tendering Portal (**<https://www.nhssourcing.co.uk>) **by Friday 22nd April 2016**