**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**

|  |
| --- |
| **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**