**Stoma Care Nurse Sponsorship Service**

**Expression of Interest EOI**

**Name of Organisation:**

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Question | Yes | No |
| 1 | Please confirm that your organisation can provide a **Stoma Care Nurse Sponsorship Service** as outlined in the Prior Information Notice (PIN) Document? |  |  |
| 2 | Please confirm that your organisation can commence the service by 1 December 2022? |  |  |
| 3 | Please confirm that your organisation would be interested in bidding for this contract? |  |  |
| 4 | Please provide details of your preferred commercial model for this market? (Below) |  | |
| 5 | This procurement opportunity will be hosted on Atamis, the  e-Tendering Portal. Please confirm that your organisation is already registered on or will arrange for registration on Atamis?  <https://atamis.cloudforce.com/> |  |  |
| 6 | Please confirm the names of any other Framework Agreements you are on that are similar to Stoma Care Nurse Sponsorship Service. (Below) |  | |

|  |  |
| --- | --- |
| **No.** | **Response** |
| 4 |  |
| 6 |  |

Address:

Landline Number:

Mobile Number:

Email:

Please email the completed form to [pharmacy@eoecph.nhs.uk](mailto:pharmacy@eoecph.nhs.uk) by no later than 12:00 Noon on 24 August 2022. Please note that the commissioners/contracting authority/customer / Trusts must not be contacted under any circumstances with regard to this project. All communication must be made only to [pharmacy@eoecph.nhs.uk](mailto:pharmacy@eoecph.nhs.uk)

Kindly add the following to the subject box: **Stoma Care Nurse Sponsorship Service EOI.**