Please complete this registration form to indicate your interest in this upcoming tender. By completing and returning this form you will receive details of the forthcoming Market Webinar Event, webinar presentation and any questions and answers.

We will share your organisations details, including main contact person (only) with all other providers who complete and submit the registration form. If you do not wish your details to be shared please indicate this below.

|  |  |
| --- | --- |
| Please **do not** share my organisation’s details with other providers  | [ ]  |

Please complete and return this registration form by **5pm Friday 27th November 2020** to Fernanda.De-Franceschi@onesource.co.uk

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| --- | --- | --- |
| **1** | Name of your Organisation | Click or tap here to enter text. |
| **2** | Address | Click or tap here to enter text. |
| **3** | Name of Key Contact | Click or tap here to enter text. |
| **4** | Position | Click or tap here to enter text. |
| **5** | Email | Click or tap here to enter text. |
| **6** | Phone Number | Click or tap here to enter text. |
| **7** | Will the named contact be attending the webinar? | [ ] Yes [ ] No |
| **8** | Will there be anyone else attending the webinar from your organisation? | [ ] Yes, [ ] No, go to Q9 |
| 8a | Please include their name and email address here:*(insert additional rows as required)* | Name: Click or tap here to enter text.Position: Click or tap here to enter text.Email: Click or tap here to enter text. |
| Name: Click or tap here to enter text.Position: Click or tap here to enter text.Email: Click or tap here to enter text. |
| **9** | Is your organisation a: | [ ]  Private Sector [ ]  Third Sector  *(all voluntary & community organisations)*[ ]  Local Authority [ ] Other, please state: |
| **10** | Please provide a short introduction to your organisation (150 words max.) |  Click or tap here to enter text. |
| **11** | 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 state: |
| **12** | Please indicate if you are interested in partnering with other providers for this service   | [ ] Yes [ ] No [ ] Do not know yet [ ] N/A  |
| **13** | If yes, please provide a short description of what specific areas you are looking for partnerships | Click or tap here to enter text. |



**Please answer the below questions in the area provided below. These will be used to support the Meet the Buyers Webinar Event:**

|  |  |
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| **Question 1:**Majority of referrals into this service are patients from hospital needing support to return back home and up to a further 4 weeks of support to regain their independence. As Covid-19 continues to impact our lives, this will be more pronounced for people who need to work from the hospital on the wards and in peoples homes. This is relevant to this service as staff will be working directly on the wards and in peoples homes. Would this impact on your decision to participate in a future tender for this type of service? | Click or tap here to enter text. |
| **Question 2:**Access to Personal protective equipment (PPE) and has been challenging over the last year and likely to continue over the next year. This service will need to have access to PPE to support staff delivering this service. Would this impact on your decision to participate in a future tender for this type of service? | Click or tap here to enter text. |
| **Question 3:**The Service is under increasing budgetary pressure and is keen to explore how providers secure additional funds. We are looking to achieve a service model that will provide positive, realistic and achievable outcomes for the service users.  | Click or tap here to enter text. |

**Please submit any questions you may have for the Buyers in the area provided below. These will be answered in the Meet the Buyers Event and published following this:**

|  |  |
| --- | --- |
| **Question 1** | Click or tap here to enter text. |
| **Question 2** | Click or tap here to enter text. |
| **Question 3** | Click or tap here to enter text. |
| **Question 4** | Click or tap here to enter text. |