**LBN Public Health Pharmacy Services**

**Meet the Buyers Webinar Event – Monday 7 December 2020, 8pm-9pm**

Please complete and return this registration form to **Madalina Pop Madalina.Pop@newham.gov.uk by 12noon Friday 4 December 2020.**

You are invited to complete this registration form even if you are unable to attend Meet the Buyer’s Event on Monday 7 December 2020, 8pm-9pm. If you are unable to attend the Webinar please indicate in the form below.

By completing and returning this form you will receive the webinar presentation, any questions and answers.

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| **I am unable to attend the webinar but would still like to receive further information about the Council’s plans during pre-procurement stage** | **Yes/No** |

|  |  |
| --- | --- |
| **Name of your Organisation** |  |
| **Address** |  |
| **Name of Key Contact** |  |
| **Position** |  |
| **Email** |  |
| **Phone Number** |  |
| **How many attendees will be attending from your organisation? If more than 1 then please provide name and email address**  |  |
| **Please provide a short introduction to your organisation (150 words max.)** |  |



**Please see link to Newham Council’s Health and Wellbeing Strategy and the 50 steps (2020-2023). Please see steps 41 and 42 specifically.**

[**https://mgov.newham.gov.uk/documents/g13178/Public%20reports%20pack%2006th-Oct-2020%2018.00%20Cabinet.pdf?T=10**](https://mgov.newham.gov.uk/documents/g13178/Public%20reports%20pack%2006th-Oct-2020%2018.00%20Cabinet.pdf?T=10)

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| **Please indicate if you are interested in being a ‘Change Maker’** | * **Yes**
* **No**
* **Do not know yet**
* **N/A**
 |
| **Please indicate which services you are looking to offer:** | * **Sexual Health**
* **Smoking Cessation**
* **Needle Exchange and Naloxone**
* **Supervised Consumption**
* **Do not know yet**
* **N/A**
 |

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

|  |  |
| --- | --- |
| **Question 1:****Are you already providing Public Health Services?**  | * **Yes**
* **No**
* **N/A**
 |
| **Question 2:****If you answered yes above, please detail these services** |  |
| **Question 3:****Are you interested in bidding for:** | * **Core Services**
* **Specialist Services**
* **Both**
* **Don’t know**
 |

**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** |  |
| **Question 2** |  |
| **Question 3** |  |
| **Question 4** |  |