**Positive Behaviour Support Training BHR and Waltham Forest CCG’s**

**Name of organisation:**

Please provide confirmation that your organisation can demonstrate the following essential criteria:

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Question** | **Yes** | **No** |
| 1. | Please confirm your organisation is flexible in delivery of the service and the methods used i.e. face to face, virtual or both? |  |  |
| 2. | Please confirm your organisation is able to provide a range of established and comprehensive training which embed the practices of PBS? |  |  |
| 3. | Please confirm your organisation is able to demonstrate established relationships with Community Learning Disability Teams, Local Authorities i.e. Social Care, Education, and services within the relevant health population footprint, to enable appropriate flow and pathway management. |  |  |
| 4. | Please confirm your organisations training meets the standards of the PBS Competency Framework and Improving the quality of Positive Behavioural Support (PBS). |  |  |
| 5. | Please confirm your organisation has a recognised training endorsement in place. Please confirm staff within your organisation delivering the learning will also hold accredited qualifications in positive behaviour support or behaviour analysis (such as a professional diploma or certification in PBS, BSc PBS, MSc Applied Behaviour Analysis/PBS or equivalent). |  |  |
| 6. | Please confirm your organisation will be able to commence the service from 1 June 2021. |  |  |
| 7. | Please confirm if your organisation is compliant with Data Security and Protection Toolkit (DSPT) requirements? |  |  |
| 8. | This procurement opportunity will be hosted on ProContract, the eProcurement System. Please confirm that your organisation is already registered on or will arrange for registration on ProContract.  <https://procontract.due-north.com/Register>  If you are already registered, please provide the email id and contact details which has been registered with ProContract in the box below.  If not, please arrange for registration on ProContract and provide the email id and contact details which has been registered with ProContract in the box below |  |  |

**Details**

| **No.** | **Response** |
| --- | --- |
| 8. |  |

**Contact Name and role:**

**Address:**

**Landline Number:**

**Mobile Number:**

**Email:**

Please email completed form to nelcsu.procurementnorthants@nhs.net by no later than 12 Noon Tuesday 23 February 2021.