**Expression of Interest (EoI) Form**

**PIN Notice – Falls Prevention**

**(Barking and Dagenham and Havering)**

**Name of organisation:**

Please provide confirmation that your organisation can demonstrate the following essential criteria by ticking the appropriate box:

| **No.** | **Question** | **Yes** | **No** |
| --- | --- | --- | --- |
| 1. | Your organisation is able to demonstrate a proven track record of undertaking assessment and provision of a Falls prevention programme through group exercise classes both face to face and virtually on-line. |  |  |
| 2. | Your organisation is able to demonstrate a proven track record of undertaking assessment and provision of a Falls prevention programme via 1-1 support. |  |  |
| 3. | Your organisation is able to demonstrate a proven track record giving advice to other professionals and care homes. |  |  |
| 4. | Your organisation is able to demonstrate a proven track record of assessing and monitoring risk and patient progress. |  |  |
| 5. | Your organisation is able to demonstrate established working relationships with providers of acute service providers, care homes, and other community organisations involving health, local authority voluntary sector, agencies, to enable appropriate integrated planning, delivery and pathway operational management. |  |  |
| 6. | Your organisation is able to demonstrate a presence in outer North East London, in particular within the two boroughs, that are discussed within the Prior Information Notice (PIN). |  |  |
| 7. | Your organisation can demonstrate that your health and/or care professionals have the appropriate knowledge, skills, experience, qualifications and competencies to provide the service. |  |  |
| 8. | Your organisation acknowledges that TUPE **does not apply** and there must be no TUPE liability at termination of the contract. |  |  |
| 9. | 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.  Please provide the details of your ProContract account details or anticipated details below.  <https://procontract.due-north.com/Register> |  |  |

**ProContract Account Name:**

**ProContract Associated email Address:**

**Contact Name and role:**

**Address:**

**Landline Number:**

**Mobile Number:**

**Email:**

Please email completed form to [nelcsu.enquiriesnelccg@nhs.net](mailto:nelcsu.enquiriesnelccg@nhs.net)  by no later than 12noon on Wednesday 26th January 2022.