|  |  |  |
| --- | --- | --- |
| **Revision Date** | **Summary of Changes** | **New Version No** |
| 25/07/2016 | Renamed to Appendix 1, plus amendments to content | v1.1 |
|  |  |  |

**Appendix 1 to Document 3**

**Declarations**

|  |  |
| --- | --- |
| **Name of Contracting Authority** | **The National Health Service Commissioning Board (NHS England)** |
| **Tender for**  | **Genetic Counselling Courses** |
| **Contract reference** | **C245669** |
| **Return Deadline** | **22 March 2024 at 1500 hrs** |

|  |  |
| --- | --- |
| **Supplier name** | Enter details |
| **Tender name** | **Genetic Counselling Courses** |
| **Tender reference** | **C245669** |

# Acceptance of Terms and Conditions/Original Call Off Term Questions

#  Confirmation that our organisation accepts the Terms and Conditions and Call-Off Order From as set out in [insert document reference]. This is a pass/fail question. YES = Pass, NO = Fail. Tenderers should confirm that these documents has been downloaded and read and that they confirm acceptance of these terms.

| Response  |
| --- |
| Yes [ ]  No [ ]  |

# Conflicts of interest

1. Tenderers have a continuing duty to disclose actual or potential conflicts of interest in respect of themselves, their named sub-contractors and consortium members.
2. Please describe any (actual or potential) conflicts of interest that the Tenderer has identified and how these will be managed

| Response (maximum 2000 Characters) |
| --- |
|       |

Tenderers are reminded that failure to identify material conflicts of interest may lead to rejection of its tender response.

# Types of information that the contractor considers to be confidential

## Type 1: Confidential information:

|  |  |  |
| --- | --- | --- |
| Information considered confidential | Reason for FoIA exemption sought(Include paragraph reference) | Period exemption is sought(Months) |
|  |  |  |
|  |  |  |
|  |  |  |

##  Type 2: Commercially sensitive information:

|  |  |  |
| --- | --- | --- |
| Information considered commercially sensitive | Reason for FoIA exemption sought(Include paragraph reference) | Period exemption is sought(Months) |
|  |  |  |
|  |  |  |

# Declaration of Completion

## Please complete the following:

|  |
| --- |
| I certify that the information supplied in the questionnaire is accurate to the best of my knowledge and belief.I also declare that I am authorised by the under mentioned organisation to supply the information given above and that, at the date of signing, the information given is a true and accurate record. |
| Name |       |
| Date |       |
| Company Name |       |
| **Signature** |  |

**Tenderers are reminded that the Authority may reject this tender if there is a failure to answer all relevant questions fully or false/misleading information is provided.**