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**Birmingham Metropolitan College**

**The Quotation Form**

**Health Care and Digital Skills Training Provision**

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| **DETAILS REQUIRED** | **Provide details OR refer to attached document** |
| **Name of Supplier** |  |
| **Courses Qualifications and Price****Please provide details of courses, qualification, and price****40 % of score** |  |
| **Experience and Reputation** **Please provide details of how long your organisation has provided the training requested; how it was developed and your plans for future development.****Maximum 1000 words****Please also provide names and contact details for 2 references who can refer to delivery and capability.****30% of score** |  |
| **Quality** **Please provide details of how you ensure quality of provision and optimise learners’ success****Maximum 1000 words****30 % of score**  |  |