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**Delivery Partner Network – Registration Form**

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| **KEY** | **Mandatory** | **Drop down** | **Attachment Required** | **Word Limit** |  |  |

**Organisation Introduction**

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| --- | --- |
| Salutation | Mr, Mrs, Miss, Ms, Dr, Prof etc |
| First Name | Enter Text |
| Last Name | Enter Text |
| Job Title | Enter Text |
| Company / Organisation | Enter Text |
| Address Line 1 | Enter Text |
| Address Line 2 | Enter Text |
| Address Line 3 | Enter Text |
| County | Enter Text |
| Postcode | Enter Text |
| Phone | Enter Number |
| Email | Enter Text |
| Company/Organisation Website Address | Enter Text |
| Company Registration Number | Enter Number |
| Charity Registration Number (if applicable) | Enter Number |
| Organisation Type (please tick) | Private Limited Company Charity Public Sector Social Enterprise Consortium  Special Purpose Vehicle Other, please specify: |
| Please provide a brief description of your organisation aim and objectives  (250 word limit) | Enter Text |

**Description of Services**

|  |  |
| --- | --- |
| **Mental Health Inpatient Services:**  Please tick all areas that are relevant to the services that your company / organisation provides | Inpatient Services for adults/older people CAMHS Inpatient Services Intensive Home Treatment Mental health rehabilitation Psychiatric intensive care Low secure inpatient services Learning disability services  Residential care services |
| Other, please specify | Enter Text |
| **Community Mental Health Services:**  Please tick all areas that are relevant to the services that your company / organisation provides | Early Intervention in Psychosis Community Based Mental Health Support Improving Access to Psychological Therapies (IAPT) Child and Adolescent Mental Health Services (CAMHS)  Counselling / Therapy Services Eating Disorder Services |
| Other, please specify | Enter Text |
| **Community Health Services for adults**  Please tick all areas that are relevant to the services that your company / organisation provides | District nursing  Substance & Alcohol Misuse Services  End of life and palliative care  Speech and language therapy  Specialist Autistic Spectrum Disorder  Tissue viability  Continence  Diabetes  Podiatry  Scheduled and unscheduled dental care |
| Other, please specify | Enter Text |
| **Community Health Services for Children:**  Please tick all areas that are relevant to the services that your company / organisation provides | Health visiting School nursing Family nurse partnership Speech and language therapy Oral Health & Care |
| Other, please specify | Enter Text |
| **General Health and Wellbeing:**  Please tick all areas that are relevant to the services that your company / organisation provides | Weight management Nutrition Dietetics Exercise  Sports Volunteer support groups |
| Other, please specify | Enter Text |
| Please provide information on any other services your company/organisation provides that have not been classified above  (250 word limit) | Enter Text |

**Engagement Experience**

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| --- | --- |
| Please tick all customer groups that your company/organisation currently works with or support in the delivery of your services | BME Carers Drug or alcohol misusers Ex-offenders Veterans Vulnerable families Learning disabilities Physical health conditions Asylum seekers Young people (under 25) Older people (over 60) |
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| Other, please specify | Enter Text |
| Please provide up to 5 examples of where you have used digital technology in a unique way to improve outcomes for your service users and/or patients. This may be about mobile applications, telehealth or online self-care and educational tools as an example  (250 words limit) | Enter Text |
| Please provide up to 5 examples of awards or service recognition accolades that your company/organisation has achieved in the last 5 years  (250 words limit) | Enter Text |

**Track Record**

|  |  |
| --- | --- |
| Please provide details of up to 5 most recent contracts which you are; or have delivered over the last 3 years  For each contract, please provide details of:  Funder / Commissioner  Title & Contract Value  Brief Description of the service  Start / End Dates  Key Targets and Actual Outcomes | Please complete the track record document in Annex 1 and email with this document |
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**Financial Information**

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| --- | --- |
| Please provide details or your company / organisation’s turnover for the last 3 financial years | Financial year and turnover 1 - Enter Numbers Financial year and turnover 2 - Enter Numbers Financial year and turnover 3 - Enter Numbers |
| Please provide details of employers and public liability insurance cover value that your company/organisation has in place and renewal dates | Employers liability value - Enter Numbers  Renewal date – Enter date Public liability value - Enter Numbers  Renewal date – Enter date |
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| Please tick the size of your organisation as it relates to the number of employees your company/organisation currently has | None 0-10 employees 11-50 employees 51-250 employees 251+ employees |
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**Geographical Locations**

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| --- | --- |
| Please indicate which local authority areas your/organisation currently deliver services in. Select all that apply | List of all local authorities in Yorkshire & Humber, North West and East Midlands as a grid to select? |
| Other | Insert Text |
| Please provide address details of current premises that you operate your services out of. For each location, please provide details of:   * Name and address of Existing Premises / Sites * Capacity (people / desks/ rooms/clinical rooms etc) * Facilities (parking, kitchen toilets, prayer rooms etc) * Proximity to bus/train links * Confirm DDA Compliance? | Please complete the geographical table in Annex 2. |

**Policies & Quality Assurance**

|  |  |
| --- | --- |
| Please tick which policies you currently have in place by indicating yes or no. There is no need to provide copies of any of these policies at this stage | Anti-bribery  Fraud Protection  Confidentiality and Data Protection  Equality and Diversity  Equal Opportunities  Health and Safety  Safeguarding  Information Sharing  Business Continuity  Bullying and Harassment  Environmental and Sustainability  Quality  Recruitment and Selection  Disciplinary and Grievance  Complaints |
| Please confirm that you are compliant with all relevant with all UK legislation relating to equality and diversity and safeguarding – please tick | Yes  No |
| Has your company or organisations been subject to any formal investigation in the last 5 years? | Yes  No |
| If yes, please provide details | Insert Text |
| Please provide details of any external assessments that your organisation has been subject to in the last 5 years with details of grades, scores and dates i.e. CQC, OFSTED etc | Insert Text |
| Please provide details of any accreditations or standards that your company/organisation currently holds | Insert Text |

**Declaration**

|  |  |
| --- | --- |
| I/We declare that that to the best of my/our knowledge the information given in this Expression of Interest is reliable, accurate and true. | Name:  Job Title:  Date: |

Thank you for completing the form. Please email your completed form in confidenceto Helen Burns, Business Planning Manager at [helen.burns@bdct.nhs.uk](mailto:helen.burns@bdct.nhs.uk) If you have any queries, please call Helen on 01274 228151.

**Annex 1 - Track Record Template**

Company/Organisation Name:

Date:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Funder/Lead** | **Project Title & Value** | **Start / End Dates** | **Brief Description – Aims / Objectives** | **Original Contract Value** | **Performance** | | |
| **Key Targets** | **Key Outcomes** | **Other Outcomes** |
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**(Add more rows if you need to)**

**Annex 2 – Geographical Template**

Company/Organisation Name:

Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and address of Existing Premises / Sites** | **Capacity (people / desks/ rooms)** | **Facilities (parking, prayer rooms, kitchen toilets, etc)** | **Proximity to bus/train links** | **Confirm DDA Compliance?** |
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(Add more rows if you need to)