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**Delivery Partner Network – Registration Form**

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

**Organisation Introduction**

|  |  |
| --- | --- |
| 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 CompanyCharityPublic SectorSocial EnterpriseConsortiumSpecial Purpose VehicleOther, 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 peopleCAMHS Inpatient ServicesIntensive Home TreatmentMental health rehabilitationPsychiatric intensive careLow secure inpatient servicesLearning disability servicesResidential 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 PsychosisCommunity Based Mental Health SupportImproving Access to Psychological Therapies (IAPT)Child and Adolescent Mental Health Services (CAMHS)Counselling / Therapy ServicesEating 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 nursingSubstance & Alcohol Misuse ServicesEnd of life and palliative careSpeech and language therapy Specialist Autistic Spectrum DisorderTissue viabilityContinenceDiabetesPodiatryScheduled 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 visitingSchool nursingFamily nurse partnershipSpeech and language therapyOral 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 managementNutritionDieteticsExerciseSportsVolunteer 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**

|  |  |
| --- | --- |
| Please tick all customer groups that your company/organisation currently works with or support in the delivery of your services | BMECarersDrug or alcohol misusersEx-offendersVeteransVulnerable familiesLearning disabilitiesPhysical health conditionsAsylum seekersYoung 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**

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| --- | --- |
| 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 ValueBrief Description of the serviceStart / End DatesKey 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 NumbersFinancial year and turnover 2 - Enter NumbersFinancial 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 NumbersRenewal date – Enter datePublic liability value - Enter NumbersRenewal 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 | None0-10 employees11-50 employees51-250 employees251+ 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-briberyFraud ProtectionConfidentiality and Data ProtectionEquality and DiversityEqual OpportunitiesHealth and SafetySafeguardingInformation SharingBusiness ContinuityBullying and HarassmentEnvironmental and SustainabilityQualityRecruitment and SelectionDisciplinary and GrievanceComplaints |
| Please confirm that you are compliant with all relevant with all UK legislation relating to equality and diversity and safeguarding – please tick | YesNo |
| Has your company or organisations been subject to any formal investigation in the last 5 years? | YesNo |
| 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**

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| --- | --- |
| 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 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)