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| **Appendix 1 – Organisation Information** |
| **Contract Reference**  **T00315PH** |
| **Contract Title**  **Standing List of Approved Providers for General Practice Based Public Health Services** |
| **Maximum Period of Contract**  **Four (4) Years** |
| **Return Date** |
| **Monday 01 February 2016** |
| **Return Time**  **12:00 Noon** |
| **Return To**  [www.supplyingthesouthwest.org.uk](http://www.supplyingthesouthwest.org.uk) |
| **Applicant Name** |
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| All Applicants are Required to Complete and Submit this Document | | |
| **Should an Applicant fail to fully complete and submit this document this may result in their bid being rejected.** | | |
| **Name of the Organisation in whose the name the Contract will be awarded:** | | |
| **Full Postal Address of the Organisation:** | | |
| **Name of Main Contact(s) for this Contract:** | | |
| **Telephone Number(s) for Main Contact(s):** | **Email Address for Main Contact(s):** | |
| **Full Postal Address of the Organisation’s Registered Office, if different from above:** | | |
| **Company Registration Number (if applicable):** | | **Date of Registration:** |
| **VAT Registration Number (if applicable):** | | |
| **Company Registration Number of Parent Company (if applicable):** | | **Date of Registration:** |
| **Charities or Housing or other Registration number (if applicable):** | | |
| **Please specify the Registering Body:** | | **Date of Registration:** |
| **Full name(s) and responsibilities of Executive Directors/Partners/Trustees (please add extra rows if required):** | | |
| **Name** | **Responsibility** | |
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