APPENDIX D

NOTIFICATION FORM

**FRAMEWORK FOR** **FUNCTIONAL ELECTRICAL STIMULATORS (FES) AND ACCESSORIES FOR BIRMINGHAM COMMUNITY HEALTHCARE NHS FOUNDATION TRUST (BCHC)**

Tender Reference: BCHC-16-0010

Dated: 15 September 2016

Emma Leach - Procurement Manager

Birmingham Community Healthcare NHS Foundation Trust

Notification Form

***CUSTOMER INFORMATION***

|  |  |
| --- | --- |
| 1. **Organisation Name:**
 |  |
| 1. **Contact Name:**
 |  |
| 1. **Email Address:**
 |  |
| 1. **Telephone Number/s:**
 |  |
| 1. **Address for Correspondence:**
 |  |

***SUCCESSFUL SUPPLIER INFORMATION***

|  |  |
| --- | --- |
| 1. **Company Name:**
 |  |
| 1. **Contact Person**
 |  |
| 1. **Email Address:**
 |  |
| 1. **Telephone Number/s:**
 |  |

***ORDER INFORMATION***

|  |  |
| --- | --- |
| 1. **Lot/Service Description & Service ID Number:**
 |  |
| 1. **Order Date:**
 |  |
| 1. **Order Terms (0 – 36 Months):**
 |  |
| 1. **Price & Unit measure:**
 |  |
| 1. **Previous Service Spend/Budget:**
 |  |
| 1. **Forecast Spend following Award (Contract Value):**
 |  |
| 1. **Payment Term:**
 |  |
| 1. **Commencement Date:**
 |  |
| 1. **First Invoice Date:**
 |  |

***ADDITIONAL INFORMATION***

1. **Please provide below all prices for the short listed services together with supplier name and indicate which supplier/price resulted in contract award:**

|  |  |  |
| --- | --- | --- |
| **Supplier Name** | **Service ID** | **Service Cost** |
| *E.g Supplier X1* | *4.G4.12345.678* | *£50,000.00* |
| *Supplier X2* | *5.G3.22222.111* | *£150,000.00* |
| *Supplier X3* | *4.G4.33333.444* | *£215,000.00* |

**Submission:**

Once complete, please email a copy to tenders@BHAMcommunity.nhs.uk quoting BCHC-16-0010 in the subject line.

|  |
| --- |
| Guidance Notes for Completion**Customer Information** |
| 1. Please enter your name your organisations name.
 |
| 1. Please enter your name.
 |
| 1. Please enter your corporate email address.
 |
| 1. Please enter your corporate contact number and mobile phone number if applicable.
2. Please enter your corporate postal address.
 |
| **Successful Supplier Information** |
| 1. Please enter the successful Suppliers name.
 |
| 1. Please enter the name of your contact point / contract manager within the supplier’s organisation.
 |
| 1. Please enter the email address for your supplier contact point.
 |
| 1. Please enter a telephone number for your contact point.
 |
| **Order Information** |
| 1. Please enter the Lot/Service Description & Service ID Number
 |
| 1. Please enter the order date
 |
| 1. Please enter the order term
 |
| 1. Please enter the Price & Unit measure
 |
| 1. Please enter the Previous Service Spend (if known)
 |
| 1. Please enter the Forecast spend following award (contract value)
 |
| 1. Please enter the payment term
 |
| 1. Please enter the commencement date of the contract
 |
| 1. Please enter the first invoice date
 |
| 1. Additional Information - Please provide all the prices for the short listed services together with supplier name and indicate which supplier/price resulted in contract award.
 |
|  |
|  |
|  |
|  |