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| --- |
| torbaycouncilleaflogo_transparent |
| **Appendix 2 – Service Interest** |
| **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** |
|  |

# 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.**

# Please complete the two tables below in respect of each of the General Practice sites you wish to register, providing details of:

Table One – the name and full postal address for each General Practice site you wish to register;

Table Two – the Services you will be able to provide at each of the locations listed

Applicants should note they do not have to offer the same Services at all of their sites

# Table One – General Practice Site Details

# *Please insert additional rows if required*

| **General Practice Site Name and Full Postal Address** |
| --- |
|  |
|  |

# Table Two – Service Interest

# Applicants should list each of the Sites detailed in Table One above and indicate by marking an X which of the Services they would like to provide from each Site.

# *Please insert additional rows if required*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **General Practice Site Name** | **Service** | | | | | |
| **Sub-dermal Contraceptive Implants Fitting, Management and Removal (contraceptive and non-contraceptive purposes)** | **Chlamydia screening** | **IUD/IUS Fitting, Management and Removal** | **NHS Health Checks** | **Smoking cessation (including NRT prescribing) Devon only** | **Shared Care (drug misuse) Devon Only** |
|  |  |  |  |  |  |  |
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