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|  | **Market Engagement Questionnaire** **SC220310 Community Support Services for Children, Young People and Adults with Sensory Needs** |
| **Please complete and return this form via the messaging facility on the Kent Business Portal, no later than 12:00 noon on 4th January 2023.** |

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| **SUPPLIER DETAILS** |
| Supplier Name: |  |
| Company Registration Number: |  |
| Website: |  |
| **Supplier Contact Details** in relation to this questionnaire. |
| Contact Name and Position: |  |
| Contact Email Address:  |  |
| Contact Telephone Number: |  |

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| Outline your organisation’s experience of providing sensory support to children, young people and adults in the community to improve wellbeing and encourage independence, along with the communication skills that your organisation has to support people’s communication needs (e.g., BSL qualifications and experience) |
| *Please answer here* |