To request access to the Accreditation Process, please complete the following form and send to:

lscicb.procurement@nhs.net

**Name of Organisation:**

**Registered Address:**

|  |  |  |
| --- | --- | --- |
| **Q. No.** | **Nature of Request** | Seeking Accreditation for Either 1.Additional Service Provision to be varied into to an existing Lancashire and South Cumbria ICB NHS Contract (which is held by your organisation)2. New NHS Standard Contract for Service with Lancashire and South Cumbria ICB (please delete as appropriate) |
| **1** | **If Seeking Accreditation, please provide a list of services for which your organisation is seeking accreditation for.** **NOTE these services should be in the scope of Patient Choice as nationally defined.** |  |
| **2** | **Please confirm that the location of the site(s) from which the proposed services (listed in response to Q1 above) will be delivered will be within the Lancashire and South Cumbria ICB boundary and provide full details of the location(s).** |  |
| **3** | **Do you currently provide the service(s) for which you are seeking accreditation in any other region of England and hold an NHS Contract for provision of these service(s)? If yes, please provide details of all NHS contracts held as applicable within the separate template provided.** |  |
| **4** | **Do you hold CQC registration for the provision of all of the services you are seeking accreditation for. Please list and provide the Registration number for all services for which CQC registration is held.** |  |
| **5** | **Please confirm that for the services you are seeking accreditation, ‘you will provide services within the National Tariff guidance applicable at the time for this service. NOTE: No drug or devices costs will be paid unless the drug is excluded as a high-cost drug & devices under PBR rules’.** |  |

Please note:

* The submission of this proforma does not guarantee the awarding of a contract and the accreditation process will only begin following receipt of all information requested as part of this process.
* By submitting this proforma, your organisation confirms its understanding that there is no minimum or guaranteed activity or contract value attached to this Accreditation Process.

**Signed:**

**Name:**

**Designation:**

**Email:**

**Contact Number:**