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| 145 MeadowcroftAylesbury, Bucks, HP19 9HHTel: 01296 431911 Email: age@ageukbucks.org.uk |



**Provision of Services Expression of Interest form**

Thank you for your interest in providing your services to clients of Age UK Buckinghamshire. Please complete this form and email to commserve@ageukbucks.org.uk . Alternatively post to the address above. All information is strictly confidential.

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| **Services you provide** |  |
| **Where did you hear about this opportunity?** |  |

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| --- | --- | --- | --- | --- | --- |
| **Surname:** |

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 | **Forenames:** |  |
|  |  |  |  |
| **Company Name & Address:** |  |  |  |
|  |  |  |
|  |  **Postcode:** |  |
|  |  |  |  |
| **Home tel:** |  |  **Work tel:** |  |
|  |  |  |  |
| **Mobile tel:** |  |  **Email:** |  |

**Please provide details of your current business or company if you have one below:**

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| --- | --- | --- |
| **Trading name**  | **Date of establishment/start of trading** | **Do you hold Public liability or other professional insurance? We will need to see evidence of this** |
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| **Is your business registered with HMRC as a sole trader, business partnership or limited company?****Please provide Company registration number and VAT registration Number, if you have one.** |

**Professional training –** please detail any training or qualifications you (or your staff) have in relation to your professional services.

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| **Date of attainment** | **Qualification/training** |
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| **Are you (or your staff) members of any professional body? Please detail below** |
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| **We require you or your staff to have undergone a DBS check and will need to either see your certificate or have your permission to view this via the Update Service.****Do you or your staff have a DBS certificate less than 12 months old?**

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| --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  |  | No |  |  |

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|  **Are you (or your staff) registered with the DBS Update Service? Please give details below** |

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| **Have you (or your staff) ever had any Safeguarding Adults training? Please detail below – we may need to see evidence of this** |
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| **Can you tell us what interests you in providing your services to Age UK Buckinghamshire clients?** |
| **What are your business operating parameters? (times, days, geographical area, hourly rates (inclusive/exclusive of VAT), payment terms)** |

**References – please provide two referees who can validate the standard of the services provided by you/your company**

1. **2.**

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| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Company Name: |  | Company Name: |  |
|  |  |  |  |
| Address: |  | Address: |  |
|  |  |  |  |
| Postcode: |  | Postcode: |  |
|  |  |  |  |
| Tel no: |  | Tel no: |  |
|  |  |
| email: |  | email: |  |

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|  **Disclosure & Barring Service**Do you, or any of your staff who may provide services to Age UK Buckinghamshire clients, have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974(Exceptions) Order 1975 (as amended in 2013)?

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| Yes |  |  |  | No |  |  |

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|  **Signature**The information given in this document is, to the best of my knowledge, true and accurate. Please note that any information provided will be handled and stored under the terms of the Data Protection Act 2018 and the UK General Data Protection Regulation. |

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| Signed: |  |  Date: |  |