**PPE Request –**

Providers can receive **free** PPE to provide care within PHE guidelines.

Forms must be sent to PPESupplies@essex.gov.uk subject: **WAREHOUSE**.

Please do not provide any other information about the request on the accompanying email as a member of the team will be in touch with you and can help with queries at that point.

|  |  |
| --- | --- |
| Company Name |  |
| Address & Post Code |  |
| Telephone number |  |
| Email Address |  |
| CQC Location ID\* |  |
| CQC Provider ID\* |  |

\*Applicable to CQC registered providers only

Please circle most relevant to you

|  |  |  |  |
| --- | --- | --- | --- |
| Residential | Domiciliary | Extra Care | Day Ops |
| Supported Living | Direct Payment | Personal Assistant |  |

1.What volume of the following PPE do you require? (please insert unit numbers such as 5,000 large gloves or 100 sanitiser)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gloves | Small | Medium | Large | XLarge |

|  |  |
| --- | --- |
| Aprons |  |
| Sanitiser |  |
| Masks |  |
| Goggles/Visors |  |

2. How many individuals are in your care (total)?

|  |  |
| --- | --- |
| Number of Individuals |  |