# Domiciliary Spot Provider expression of interest form.

The purpose of this form is for a provider to express interest in delivering domiciliary care on behalf of Essex County Council. Please note that at this point in time the council is currently not actively onboarding new care providers. Before a provider can be considered a full application will need to be completed.

**Organisation details**

|  |  |
| --- | --- |
| Organisation Name |  |
| Address |  |
| Company Number |  |
| CQC Registration – Provider ID |  |
| CQC Registration - Location ID\* |  |

\*NB the council will only commission work with branches that are registered and rated by the CQC.

**Areas of delivery**

Please mark an ‘X’ to indicate the districts / specialisms that you have capacity in. Also, please indicate the hourly rate you will be looking to receive to deliver care on behalf of the council.

|  |  |  |  |
| --- | --- | --- | --- |
| District | Specialism (OP, PSI, MH) | Specialism (LD) | Hourly Rate (£) |
| Basildon |  |  |  |
| Braintree |  |  |  |
| Brentwood |  |  |  |
| Castle Point |  |  |  |
| Chelmsford |  |  |  |
| Colchester |  |  |  |
| Epping Forest |  |  |  |
| Harlow |  |  |  |
| Maldon |  |  |  |
| Rochford |  |  |  |
| Tendring |  |  |  |
| Uttlesford |  |  |  |

**Contact details**

Please provide the contact details for the key contact for any follow up to this application. We will keep these on file and as a when we have any need, we will get in touch.

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Email |  |
| Phone Number |  |