# Provider questionnaire

|  |  |
| --- | --- |
| **Question** | **Response** |
| 1. Are you unable to obtain stocks from your existing suppliers’ line?
 |  |
| 1. Have you been unable to procure additional stocks from alternative suppliers?
 |  |
| 1. Have you got any deliveries due in the next 2 weeks? If so, provide details.
 |  |
| 1. Have you contacted any of the following PPE Dedicated Supply channels, and are they unable to supply any PPE?
* DeliverNet - customer.service@delivernet.co.uk

01756706050* Blueleaf - info@blueleafcare.com 033 005 52288
* Careshop - enquiries@careshop.co.uk

0845 266 8744* Countrywide - sales@countrywidehealthcare.co.uk

01226 719090* Gompols - <https://www.gompels.co.uk/contact-us.html>

034 545 02420­* Nexon - info@nexongroup.co.uk

0800 999 5006* Wightman and Parrish - sales@w-p.co.uk01323 445 001
 |  |
| 1. How many people are supported by the service?
 |  |
| 1. How many staff are employed?
 |  |
| 1. Are any people supported symptomatic? (Include numbers and any needing 2:1 or 3:1 support)
 |  |
| 1. Is there a confirmed case of COVID-19? (Include numbers and any needing 2:1 or 3:1 support)
 |  |
| 1. Are any people supported classed as ['extremely vulnerable'](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19) ? (Include numbers and any needing 2:1 or 3:1 support)
 |  |
| 1. Current status of supplies
 | **Gloves** | **Aprons** | **Masks** | **Other** |
| S | M | L |  | Waterproof | FFP3 | (Please specify, e.g. eye protection) |
|  |  |  |  |  |
| 1. How long would the stock supply last (X number of days)
 |  |
| **PPE items needed urgently (emergency supply only)** **Note**: Requests will only be considered based on available stocks and therefore some items will not be available due to stock shortages.  | GlovesSML |  | Aprons |  | Mask - waterproof |  | Eye  |  |
| Shoe covers |  | Anti-bac wipeshands |  | Anti-bac wipesSurface |  | Face shield |  |
| Facemask - FFP3 |  | Tyvek suit |  | Clinical waste bag - Yellow |  | Other (please specify) |  |

**Please also complete details on Page 2 as incomplete returns will delay PPE assessment and despatch**

# Provider details

|  |  |
| --- | --- |
|  | **Your details** |
| Service provided (e.g. care home, domiciliary care provider, hospice, emergency dentist) |  |
| Contact person's name |  |
| Address |  |
| Telephone number |  |
| Mobile number |  |
| Email address |  |

Once completed, please email as an attachment to PPE@westsussex.gov.uk, inserting provider name followed by type of service (e.g. Cavell House, Care Home) in the subject line of the email.

The details set out in this application to West Sussex County Council for Personal Protective Equipment (PPE) are to the best of my knowledge accurate and true and reflect the current position within this organisation. I confirm that I am authorised to sign this application on behalf of:

Name of organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last resort for PPE supplies - National Supply Distribution Response (NSDR) on 0800 915 9964**