**Healthwatch Cambridgeshire and Peterborough: quotation**

**Awareness and perception survey**

**1. Sole applicant or partnership?**

Please say if you are applying as a sole applicant or as partnership/consortium. If the latter, name the partners involved and state the lead partner. The lead partner should complete the application.

…………………………………………………………………………………………

…………………………………………………………………………………………

**2. About your organisation**

Name of organisation (Company Number if applicable)

|  |
| --- |
|  |

Address

|  |
| --- |
|  |

**3. Main contact for this application**

|  |  |
| --- | --- |
| Name & surname |  |
| Position |  |
| Email |  |
| Phone |  |

**4. What experience and track record would you bring to this task?**

**5. How do you plan to complete this task effectively within the given timescale?**

**6. Please detail the breakdown of costs**

**7. Any further information**

**Signature:**

**Date:**

**Submissions to:** carole.rose@healthwatchcambspboro.co.uk by midday on Monday 15th August