|  |
| --- |
| **Trust/ Organisation details** |
| Country  |   |
| Name  |   |
| Trust CEO Name  |   |
| Sites |   |
|   |
| Site details |
| NHS ODS Code  |   |
| Site Name  |   |
| Site Type  | Acute/ Independent/ Community/ GP Practice/ Other/ Paediatric/ International/ Public Hospital |
| Address 1  |   |
| Address 2  |   |
| Address 3  |   |
| Address 4  |   |
| Address 5  |   |
| Postcode  |   |
| Country  |   |
| Hospital Director (or equivalent) |
| Title  |   |
| First Name  |   |
| Surname  |   |
| Email Address  |   |
| Phone Number  |   |
| Medical Director (or equivalent) |
| Title  |   |
| First Name  |   |
| Surname  |   |
| Email Address  |   |
| Phone Number  |   |
| Nursing Director (or equivalent) |
| Title  |   |
| First Name  |   |
| Surname  |   |
| Email Address  |   |
| Phone Number  |   |
| Invoicing information |
| Name of organisation to be invoiced  |   |
| Finance department email address  |   |
| Billing address  |   |
|   |
|   |
| Postcode  |   |
| Is a Purchase Order required?  | Yes/ No |
| If yes, please provide a purchase order number  |   |
| Additional Information |
| Undertaking screening colonoscopies  | Yes/ No |
| Undertaking Bowelscope procedures  | Yes/ No |
| Regional JAG-approved training centre | Yes/ No |
| Unit Contacts |
| Title and full name |  |
| Job role/ position |  |
| Email address |  |
| Contact phone number |  |
| Lead | Management/ |
| Title and full name |  |
| Job role/ position |  |
| Email address |  |
| Contact phone number |  |
| Lead | Medical |
| Title and full name |  |
| Job role/ position |  |
| Email address |  |
| Contact phone number |  |
| Lead | Nurse |