|  |  |
| --- | --- |
| **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 |