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|  | Expression of interest application form – ‘Neuro’ Manual Wheelchair |
|  | Is your organisation: **(a) Public Limited Company; (b) Limited Company;** **(c) Partnership; (d) Sole Trader; (e) Other**. **(Please specify)** |
|  | Date of Organisations formation and brief history**DD/MM/YYYY** (Please complete)**History:** |
|  | What is your business entity’s trading name and address in respect of this application? (for consortia applications please enter “lead” entity)**Name:****Address:** **Post Code:****Contact Name:** **Position:****Telephone: Mobile:****Fax: E-mail:** |
|  | **Details of proposed wheelchair include prescription form if you have one.** |
|  | Details of the authorised person who completed this form if different from above:**Contact Name:** **Position:****Telephone: Mobile:****Fax: E-mail:** |