

## SECTION 2A Obligations

**2.A.1** Please provide the name and other required contact details of the Potential Provider of services.

<b>Name of the organisation</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>E-mail:</b>	
<b>Website address:</b>	

**2.A.2** Please confirm the status of the Pre-Accreditation Questionnaire (**PAQ**) relating to the organisation detailed above.

(Providers are reminded that it is the responsibility of all Providers to notify the Contracting Authority of any changes to PAQ responses and that change may disallow the Provider from participating in the accreditation process.)

<b>Confirmation that no change to the PAQ previously submitted is required:</b>	
<b>Confirmation that the PAQ submitted previously requires amendment:</b>	
<b>PAQ submitted for consideration with this Service Accreditation Questionnaire response</b>	

If amendments to a previously submitted PAQ are required, please provide a summary of the details below and the completed PAQ sections separately:

<b>Response</b>

**2.A.3** Please identify any potential conflicts of interest that could arise if the Potential Provider were to be accredited (taking into account all Relevant Organisations), and how these will be managed.

<b>Response</b>

**2.A.4** Please confirm agreement to the commercial terms:

<b>Confirmed</b>	
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<b>Not confirmed</b>	
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**2.A.5** Please confirm agreement to the contractual terms:

<b>Confirmed</b>	
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<b>Not confirmed</b>	
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