

Coversheet for submissions

Completed forms should be sent to:

Choice, Responsiveness and Equity Project Team
Department of Health, Room 533,
Richmond House,
79 Whitehall, London SW1A 0NS

Name of organisation: _____

Contact name: _____

Position: _____

Address: _____

Postcode: _____

City/ County: _____

Email: _____

Fax: _____

Tel: _____

Date of submission (dd/mm/yy): _____

Brief description of how information for the submission was gathered:

Estimate of number of people engaged in providing information for the submission (e.g. numbers involved in focus groups, meetings, etc): _____

For office use only

Date received:

FAO:

Action: