RIVERSIDE

Thank you for your enquiry regarding using the Health Bus. In order to process your request please complete the following form and return to the Health Bus team at: bassetlawccg.rhchealthbus@nhs.net

Users of the Health Bus are responsible for the registration of their own organisation in order to provide/deliver 'regulated activities under CQC'. Under no circumstances will Riverside Health Partnership be responsible for CQC registrations.

Date requested	
Session time requested	☐ AM ☐ PM ☐ Full Day ☐ Evening
Booking address	
Booking Purpose	
Start time	
End time	
Refreshments required	☐ YES ☐ NO
Staff names supporting the activity	
Access issues	☐ YES ☐ NO
Parking Charges (to be met by the service requesting the bus)	☐ YES ☐ NO
Parking permission obtained	☐ YES ☐ NO
Billing contact name	
Invoice Address	
Invoice email address	

Please note there is a £25 cancellation charge for bookings cancelled 48hrs prior to the booking taking place

RIVERSIDE

For official use only

Thank you for your request for the Health Bus, I am happy to confirm the following

Date	
Time	
Location	
Booking Cost	
Contact person on the day	
Contact telephone number	
Refreshments	
Toilet facilities	
Parking Permit	
Risk Assessment	☐ Completed ☐ Reviewed
Site Visit	☐ Completed ☐ Reviewed
Additional resources requested	
Further actions required by requester	

If any amendments are required to the booking, please contact the Health Bus at bassetlawccg.rhchealthbus@nhs.net

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