**Occupational Health, Employee Assistance and Eye Care**

**Contract Questionnaire**

**Section 1 – Contact Details** (key contact in your organisation)

|  |  |
| --- | --- |
| Organisation |  |
| Name |  |
| Job Title |  |
| Email |  |
| Telephone |  |

**Section 2 – Eye Care Services**

|  |  |
| --- | --- |
| 1. How do you currently purchase Eye Care services? e.g. through a contract, spot buy, or framework? |  |
| 1. Who is your current Corporate Eye Care supplier? |  |
| 1. What is your annual spend on Eye Care services? |  |
| 1. When do your current arrangements end? |  |
| 1. What are your requirements for these services? e.g. VDU, specialist, other. |  |
| 1. Are you interested in finding out more about the CCS framework and potentially accessing it for these service? |  |

**Section 3 – Occupational Health and Employee Assistance Programmes**

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| --- | --- |
| 1. How do you currently purchase OH and EAP services? e.g. through a contract, spot buy, or framework? |  |
| 1. Who is your current OH and EAP supplier? |  |
| 1. What is your annual spend on OH and EAP services? |  |
| 1. When do your current arrangements end? |  |
| 1. What are your requirements for these services? |  |
| 1. Are you interested in finding out more about the CCS framework and potentially accessing it for these services? |  |
| 1. Would you like to engage with CCS further to help us determine the WPS contracting landscape and requirements for OH, EAP, and Eye Care services? |  |

**Please return the document to: shahriyar.rahman@crowncommercial.gov.uk**

**END**