**HSCN Quote Form**

**Notes :**

* **The Customer is to complete all information in PART A**
* **The Supplier is to complete all information in PART B**
* **This form is to be used for simple connectivity quotation requests and is intended for Private Sector Customer Organisations only.**
* **General queries on how to use this form should be sent to:** **hscn.commercial@nhs.net**

Dear {**INSERT SUPPLIER NAME}**

The Customer **{INSERT CUSTOMER NAME}** is seeking a quotation for new circuit connectivity, as detailed in **PART A** below.

**PART A – CUSTOMER INFORMATION**

* 1. **- Customer Details**

|  |  |
| --- | --- |
| **Customer Contact (Name and Job Title)** |  |
| **Contact Phone Number** |  |
| **Contact Email Address** |  |

**1.2 – Customer Requirement**

|  |  |
| --- | --- |
| **Customer Name and ODS Code** |  |
| **Customer Site A****(Post Code)****& Address & ODS Code****(Please provide details if there is more than one site A.1, A.2, etc)** | *A.1**A.2**A.3, etc* |
| **Customer Site B – if relevant.****(Post Code)****& Address & ODS Code****(Please provide details if there is more than one site B.1, B.2, etc)** | *B.1**B.2**B.3, etc* |
| **Site Telephone Number (required for ADSL and FTTC checks)** |  |
| **Customer Capacity Requirements (express in Mbps / Gbits, not size of pipe)** |  |
| **HSCN Obligation Framework Minimum Standard (Yes / No)****If No then specify additional requirements** *Note - The HSCN Obligation Framework sets the minimum standards by which HSCN Connectivity Services must be delivered. A copy of it is available at the HSCN website.* |  |
| **Internet Required? (Yes / No)** |  |
| **Resilient Circuit Required?****(Yes / No)** |  |
| **User has required HSCN Connection Agreement in place (Yes / No)***Note - the Connection Agreement is the document that an organisation signs with NHS Digital prior to connecting to HSCN. It is in essence an agreement that explains the rules and terms of access to the network.* |  |
| **Customer to Confirm Acceptance Test Requirements** *Note – This section enables a customer to specify what acceptance testing they would require from the supplier e.g. commissioning testing, customer acceptance testing, service acceptance testing.* |  |
| **Additional Comments****(Free text box)** |  |

**PART B – SUPPLIER RESPONSE**

**2.1 – Supplier Details**

|  |  |
| --- | --- |
| **Supplier Contact (Name and Job Title)** |  |
| **Contact Phone Number** |  |
| **Contact Email Address** |  |

**2.2 – Supplier Quote**

|  |  |
| --- | --- |
| **Supplier Name** |  |
| **Annual Rental** **No CPE****(Wires Only Option)** |  |
| **Annual Rental****With CPE** |  |
| **Connection Charge** |  |
| **Minimum Term** |  |

**2.3 – Supporting Information / Dependencies**

|  |  |
| --- | --- |
| **Supplier to confirm CPE solution offered (or dependency Customer to provide)** |  |
| **Supplier to provide delivery timescales from quotation request and key milestone events (please note new provide only)** |  |
| **Supplier to confirm quotation dependencies** |  |
| **Supplier to confirm site survey dependencies**  |  |
| **Supplier to confirm HSCN Acceptance Test process** |  |
| **Additional Information (Free text box)** |  |