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Membership Form

Please complete and return this form by fax or post so we can provide you with the relevant service.

Group/Parent Company:

Care Home/Agency:

Address (and Postcode):

Purchasing Contact:

Position:

Tel No:

Fax No:

Email:

Number of homes in the group

Number of beds (in group / home):

Main business type: Nursing / Residential / Learning Disability / Domiciliary / Other (please specify):

1) Which suppliers do you currently use?

- a) Food _____
- b) Disposables, Nursing, Cleaning products _____
- c) Insurance _____ Renewal Date: _____
- d) Clinical Waste _____ Contract Renewal Date: _____
- e) Utilities _____ Contract Renewal Dates: _____

2) Which products or services are you most interested in? (Please tick all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Furniture | <input type="checkbox"/> Stationery | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Telecoms | <input type="checkbox"/> Linen / Towels | <input type="checkbox"/> Employment Law |
| <input type="checkbox"/> Disposables/Nursing | <input type="checkbox"/> Utilities | <input type="checkbox"/> Linen Services | <input type="checkbox"/> Medical Equip |
| <input type="checkbox"/> Uniforms/Badges | <input type="checkbox"/> Lifts | <input type="checkbox"/> Laundry Equip | <input type="checkbox"/> Catering Equipment |
| <input type="checkbox"/> Waste (clinical & general) | <input type="checkbox"/> Gas Boilers / Maintenance | <input type="checkbox"/> Beds & other equipment | <input type="checkbox"/> Other (please specify) |
- _____

I agree to become a member of Redlink Alliance Ltd trading as Redlink. Membership is free and I agree that Redlink may use our organisation's details to contact us. Redlink may also pass these details to its selected supplier partners so that they may inform us about their products and prices. I agree that suppliers will provide members' purchasing information to Redlink for its records.

Signed: _____ Date: _____

Name: _____ Position: _____

Redlink ref: Redlink/