SOCIAL SECURITY BOARD

National Health Insurance

NATIONAL HEALTH INSURANCE

EXPRESSION OF INTEREST FORM

Re Tender for
PRIMARY CARE PROVIDER CLINIC

Punta Gorda Town

Indicate the in – house services of interest:

Pharmacy ____ **Imaging ____** **Laboratory _____**

Ophthalmology ____ **None _____**

***Kindly complete this form in legible writing**

Name of Firm/Clinic: _____

Name of Applicant: _____

Clinic is within the Town limits? Yes No

Address of Firm/Clinic: _____

Email: _____

Applicant's Telephone number: _____

Profession of Applicant: _____

Applicant's Date of Birth: _____

Years of Professional Experience: _____

Nationality: _____

Professional Associations he/she belongs to: _____

_____

Education (Summarize the higher education and other specialized studies and trainings of the applicant, indicating the names of the institutions of higher learning, dates or attendance and degrees obtained).

_____

_____

_____

_____

_____

Working Experience: (Beginning with the current position followed by other posts occupied and years of experience for each post)

1. _____
2. _____
3. _____
4. _____
5. _____

Please note: This in no way commits you to involvement in the roll out of NHI. It is an expression of interest only which should be followed by the detail proposal. The guide for the proposal will be provided at the stakeholders meeting in Punta Gorda Town. A technical team will visit your premises to evaluate certain elements such as qualification of professional staff, adequacy of the facility and availability of basic equipment for the provision of services.

A printed copy of the form is to be submitted in a sealed envelope at the SSB office located at Corner Prince and West Street, Punta Gorda Town no later than **4:00** pm on the **24th November 2026**. Any submission after the stipulated date and time will **not** be received. Upon the submission of the form, ensure to log the delivery in to a logbook that will be available at the SSB office.

Date: _____ Signature: _____