

Evidence Review Service

Expression of interest form

Response to:	Evidence Review Service
Lead applicant name:	
Organisation:	

Contents:

1. Ability to meet the requirements of the service
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Before completing this form, please read the expression of interest brief and accompanying materials carefully.

The Health Foundation will only accept responses submitted using this form.

Full responses must be submitted by 12.00 (midday) on Friday 4 April 2025.

Please email your response to evidencereviews@health.org.uk

We plan to inform you of the final decision in the week commencing **19 May 2025**.

If you have any queries relating to the content of the expression of interest or the nature of the service, please email evidencereviews@health.org.uk by **17.00** on **7 March 2025**.

Section 1: Ability to meet the requirements of the service

- 1.1 Please use this section to describe the expertise your organisation has in designing, managing and conducting different types of evidence reviews. Please refer to the requirements section of the brief to guide your response. You may wish to use the table below to refer to evidence reviews you have conducted and indicate the method/type of review.
(No more than **300 words**)

Description...

Title of work (eg, client and review topic)	Method/type of review
Example	ie, scoping review, rapid evidence review, full literature review

- 1.2 Please use this section to describe why your organisation will be able to provide evidence reviews covering the relevant types of research questions and topic areas. Please refer to the requirements section of the brief and the Health Foundation's strategic priorities to guide your response. Please cover:
- Ability to answer multiple types of research question.
 - Expertise in health and health care, and/or proven ability to write reviews covering a range of topics. Please specify any areas of health and health care policy expertise.
 - Any experience in reviewing health policy literature.
 - Knowledge of health care in **all** four UK nations (specifically Wales, Scotland and Northern Ireland).
 - Access to appropriate sources of evidence, including both academic and grey literature.

You may wish to use the table below to illustrate topic areas and research questions of previous evidence reviews you have conducted.
(No more than **400 words**)

Description...

Title of work (eg, review topic)	Topic area/s	Type of research question/s

Example	eg, productivity, NHS workforce, population health	eg, mapping, barriers to intervention

1.3 Please use this section to provide any additional information on why your organisation will be able to provide evidence reviews to the specification described in the brief. Please cover:

- Ability to deliver reviews within a short timeframe.
- Ability to cover a range of literature.
- Ability to deliver reviews in a range of formats.
- Access to appropriate sources of evidence, including both academic and grey literature.

(No more than **300 words**)

Description...

1.4 Please use this section to provide at least two examples of evidence reviews you have completed. They do not need to be in health or health care but should be indicative of the type of review you would anticipate providing for this service. You can also provide links to the reviews if applicable.

Link	Description of review

Section 2: Resources

We require indicative day rates to assess the value for money of your response.

As a charity, the Health Foundation wishes to obtain the best value from external suppliers maximise the return on our activities.

- 2.1 Please enter day rates for the levels of staff who are likely to be assigned to an evidence review. Where levels differ from those in your organisation, please submit a day rate for a comparable position. You do not need to fill in responses for all levels, only those which apply to your organisation. Please do not include any personal information.

Staff level or job role (please do not include names)	Description	Comparable role in your organisation (if applicable)	Day rate (£), inclusive of VAT
Associate Director/ Senior Manager/ Professor			
Senior Researcher			
Researcher			
Administrative support			

Section 3: About your organisation

If you are applying as an individual or as an individual working through a personal service company, please contact evidencereviews@health.org.uk to receive the appropriate terms and conditions.

3.1 Organisation details

Organisation name	
Company and/or charity number	
VAT number (if applicable)	
Nature/form of organisation if not a limited company	
Address	
Registered address (if different)	
Website address	

Primary contact name including title	
Position	
Email address	

Secondary contact name including title	
Position	
Email address	

3.2 Accounts (to be completed by non-university applicants only)

Please do not provide any personal information.

	The year before last	Last year	This year projected
Period			
Annual turnover			

3.4 Additional information

Has your organisation ever had a contract terminated for default?	
How many staff does your organisation employ?	
Has your organisation provided services to the Health Foundation previously?	
Names of joint applicants/partners (where appropriate)	
Is there any additional information about your organisation that you feel we should be aware of which has not been requested in this document?	

Environmental sustainability, diversity, public and patient engagement, and inclusion and safeguarding

Please confirm that your organisation has a policy or commitment to equity, diversity and inclusion (Y/N)

At the Health Foundation we are committed to equity, diversity and inclusion. Diverse perspectives enrich collective performance and outputs. How is equity, diversity and/or inclusion embedded in your ways of working? **250 words**

Please confirm that your organisation has a policy or commitment to sustainability. Detail your approach to embedding this in your work and how will this be measured. See our [Environmental sustainability guidance](#) for more details **250 words**

Living wage

Are you an accredited Living Wage Employer? (Y/N)

If no, are all posts within this application at or above the real Living Wage rate?

Section 4: Declaration

4.1 Please confirm you have read and agree to the Call-off agreement terms and conditions

Confirmed on behalf of the organisation:

Name:

Position:

Date:

4.2 Please confirm that the details in the form are correct

Confirmed on behalf of the organisation:

Name:

Position:

Date:

4.3 Privacy notice

In order to process your application, the Health Foundation needs to collect and process your personal information.

The Health Foundation is the Data Controller (as defined by the Data Protection Act 2018, the General Data Protection Regulation, and all applicable laws which replace or amend it) who will collect and process your personal data.

Please refer to our [Privacy Notice](#) for full details of what data we collect about you, how we use it, who we share it with, how long we keep it and your rights relating to your personal data. If you do not have access to the internet, please write to the Health Foundation Data Protection Officer (DPO) using the details listed below with your address and a copy will be sent to you in the post.

In summary, we will collect and process your information to assess your application. The information we collect will be:

- Name, job title, organisation name and contact details such as email address.
- Processing requires your application information and personal details to be shared with third parties including assessors, website editors and copywriters, partner organisations, and service providers.
- We will ensure that all parties we share your data with keep your information secure and do not use it for any other purposes than those which we have specified in the Privacy Notice.
- We will share your information if we are required to by law.
- We will retain this data for as long as is necessary for the relevant activity.

If you have any concerns about how your personal data is being collected and processed, or wish to exercise any of your rights detailed in our Privacy Notice, please contact:

The Health Foundation Data Protection Officer (DPO)
The Health Foundation, 8 Salisbury Square, London, EC4Y 8AP

- By submitting your completed application, you give permission for details of this application and contact information to be shared on the Health Foundation website (following your approval of the copy) should you be successful in your application.
- Please click [here](#) if you would like to subscribe to the monthly Health Foundation newsletter.

Declaration of applicant.

I confirm that I have read and understood the above privacy notice

Authorisation from organisation

I confirm that the organisation named on this proposal has given me authority to submit this application on its behalf. I confirm that the information I have supplied is, to the best of my belief, correct.