**BUSINESS CONTINUITY AND RESOURCE UPDATE**

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| --- |
| Name Of Organisation: |
| Main Contact Number **During** Office Hours: |
| Main Contact Number **Out Of** Hours: |
| Nominated Contact Person Within Organisation. *We acknowledge this may change.* |
| In line with your current business continuity procedure **briefly** outline your service delivery plan in respect of Covid 19 disease a sit it is presently. *We acknowledge this may change.* |
|  |
| Please detail any specific current issues you are experiencing and how you are attempting to mitigate these; this may include staff resources, PPE supplies etc. |
| Please indicate any specific support you may require in order to continue to deliver services |
| **Date Completed** |

**Tuesday, 17 March 2020**