

Onboarding a new supplier

This form is for Cerebral Palsy Society members who would like us to consider onboarding a new company/service provider to the e-card programme.

There are [information sheets on our website](#) that you may like to use to help you share information with the company/service provider.

Member details

Member's name: _____

Contact details for member/parent/caregiver: _____

I/we have spoken to the company/service provider to discuss the possibility of them becoming a supplier to the e-card programme: Y N

I/we give permission to use my/the member's name when the Cerebral Palsy Society contacts the company/service provider: Y N

Company/service provider details

Name of company/service provider you'd like us to consider onboarding: _____

Staff member's name: _____

Email address: _____

Phone number: _____

Email this form to accounts@cpsociety.org.nz

Office use only

Date form received: _____

Date company/service provider contacted: _____

Outcome: _____

Member notified of outcome: _____