**BTS** **Model of Care for Complex Home Ventilation**

Name:

Organisation:

Please indicate if you are responding as an individual or on behalf of the organisation noted above:

Individual response:

Organisation response:

Please add comments to the following table noting the section and line/page number to which your comment refers.

Note ‘general’ in the section column if your comments relate to the whole document.

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| Section | Line/page number | Comment |
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Please add rows to this table as required.

**Please return the completed form to**:

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**Deadline:** **5:00 pm on 12 August 2024**