

SCHEDULE 2

INDIVIDUAL PLACEMENT AGREEMENT (IPA)

For The Placement of Children and Young People in Day and Residential Independent and Non- Maintained Special Schools

THE PURPOSE OF THE IPA

This IPA is the individual Contract which forms part of and is in accordance with the Contract for the provision of care and education of Children in Day and Residential Independent and Non-Maintained Special Schools registered with OFSTED made between the Provider and the Purchaser. Its purpose is to bring within the scope of the Contract the Child named below unless specifically stated.

To comply with the Contract the Terms and Conditions and Service Specifications must remain substantially unchanged, other than where a specific variation has been agreed as part of this Contract.

Child's Name:	
Date IPA Issued	

1. PARTIES TO THE IPA

1.1 The Purchaser

Name of Authority:			
Address:			
Postcode:			
Telephone:			
Email:			

1.2 The Provider

Name of Organisation: (Registered Legal Entity)	St John's Catholic School for the Deaf		
Registered Company Number / Registered Charity Number:	529319		
Registered Provider business address: (as per legal entity details above)	Church Street Boston Spa Wetherby		
Postcode:	LS23 6DF		
Telephone:	01937 842144	Fax:	01937 541471
Email:	info@stjohns.org.uk		

NB: This agreement will supersede all other agreements signed in respect of the placement of the Child.

2. CHILD'S DETAILS

Family Name:			
First Name:			
Known As (if applicable):			
Date of Birth:			Male <input type="checkbox"/> Female <input type="checkbox"/>
Disability:			

3. PLACEMENT DETAILS

The named Child may not be moved to another School or placement by the Provider within or outside of the organisation without the prior written approval of the Purchaser. The IPA shall commence on the Admission Date stated

3.1 Admission Date: (DD/MM/YYYY)

3.2 This IPA will be terminated automatically at the end of the school year in which the Child's eleventh / sixteenth / eighteenth / nineteenth birthday falls other than by prior agreement.

Please check as appropriate 11th 16th 18th 19th

3.3 The Child will be registered at the following registered school.

Name & Address of School:		St John's School for the Deaf Church Street Boston Spa Wetherby, West Yorkshire	
		Postcode:	LS23 6DF
Telephone:	01937 842144	Fax:	01937 541471
Email:	info@stjohns.org.uk		
Name of Principal / Head Teacher:		Mrs Ann Bradbury	
OFSTED Registration Number / DFE Number:		383/7016	

3.4 Type of Service Provision. Please check as appropriate

52 Weeks <input type="checkbox"/>	40 Weeks <input type="checkbox"/>	38 Weeks <input type="checkbox"/>	Day Pupil <input type="checkbox"/>
Boarding			
Full Time <input type="checkbox"/>	Termly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Weekly <input type="checkbox"/>

School Reference Number: (for office use only) (As issued by Placing Authority for invoicing & finance purposes. Where applicable this reference number must be completed before this form is signed)	
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4. KEY CONTACTS FOR THE CHILD.

4.1 For the purpose of this IPA the named officers of the Purchasers are as follows:

ALLOCATED EDUCATION OFFICER/ EDUCATION CONTACT PERSON:

Name:			
Team Name:			
Based at:			
Telephone:		Mobile:	
Fax:			
E-mail:			

SOCIAL WORKER / SOCIAL CARE CONTACT:

Name:			
Team Name:			
Based at:			
Telephone:		Mobile:	
Fax:			
E-mail:			

HEALTH CONTACT:

Name:			
Team Name:			
Based at:			
Telephone:		Mobile:	
Fax:			
E-mail:			

ADVOCACY SERVICE CONTACT:

Name:			
Based at:			
Telephone:		Mobile:	
Fax:			
E-mail:			

CONTRACTS OFFICER CONTACT:

Name:			
Based at:			
Telephone:		Mobile:	
Fax:			
E-mail:			

4.2 For the purpose of this IPA the named officer (s) of the Provider are as follows:
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PRINCIPAL / HEAD TEACHER			
Name:	Mrs A Bradbury		
Based at:	St John's School for the Deaf, Boston Spa		
Telephone:	01937 842144	Mobile:	
Fax:	01937 541471		
E-mail:	abradbury@bostonspa.org.uk		
PROVIDER CONTACT – HEAD OF CARE			
Name:	Mr D Phipps		
Based at:	St John's School for the Deaf, Boston Spa		
Telephone:	01937 842144	Mobile:	
Fax:	01937 541471		
E-mail:	dhipps@bostonspa.org.uk		
PROVIDER CONTACT – HEALTH			
Name:	Mrs K Adams		
Based at:	St John's School for the Deaf, Boston Spa		
Telephone:	01937 842144	Mobile:	
Fax:	01937 541471		
E-mail:	nurse@bostonspa.org.uk		
PROVIDER CONTACT – FINANCE / CONTRACTS			
Name:	Mrs C Taylor		
Based at:	St John's School for the Deaf, Boston Spa		
Telephone:	01937 842144	Mobile:	
Fax:	01937 541471		
E-mail:	ctaylor@bostonspa.org.uk		

5. OUTCOMES

5.1. Notwithstanding the requirements of the Contract Service Specification, the following specific outcomes are required to be achieved for the Child in this placement. Any additional resource / cost implications must be identified below in Section 6.1.

Outcome:

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Outcome:

Success Measure	Timescale
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Outcome:

Success Measure	Timescale
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5.1. Continued	
Outcome:	
Success Measure	Timescale
Outcome:	
Success Measure	Timescale

5.2 Responsibility				
Please indicate whose responsibility (Parent, Provider, Purchaser) it is to provide the following. Check <input type="checkbox"/> appropriate boxes where applicable.				
	Parent	Provider	Purchaser	Not Applicable
Pocket money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Festival allowance & Birthday allowances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport at end of term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport during term time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toiletries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. THE PRICE

6.1 The Standard Fee	
	Per week <input type="checkbox"/> Per term <input type="checkbox"/> Per year <input type="checkbox"/>

6.2 Variations to the Contract or Schedule resulting in Supplementary Charges			
Detail of Variation		Supplementary Charges	
		<input type="checkbox"/> per hour <input type="checkbox"/> per week <input checked="" type="checkbox"/> per term	
Review date:		End date:	

Detail of Variation		Supplementary Charges	
		£ <input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per term	
Review date:		End date:	

Detail of Variation		Supplementary Charges	
		£ <input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per term	
Review date:		End date:	

6.3 The variations listed below do not result in any supplementary charges	
<p>Fees at St John's School for the Deaf are reviewed annually, and any changes are implemented in September. The school will notify local authorities of the proposed change by the preceding 30 March, with confirmation of the change issued to local authorities by the preceding 30 July.</p>	

6.4 TOTAL FEE

Subject to the provisions above and with effect from the date in Section 3.1. above, the Purchaser shall pay the Provider the sum of:

Per week Per term Per year X

Subject to variations in 6.2 this total fee will be reviewed on September 2015

6.5 Funding Arrangements

Contributors to the Placement Fee:

SOURCE	%	COST	PERIOD (eg Per Week, Month, Term, Year)
Social Care	%	£	Per
Education	%	£	Per
Health	%	£	Per
Other funding (Please specify):	%	£	Per

6.6 Invoices

Invoices to be submitted Weekly Quarterly Termly X Yearly

Details of where invoices for the agreed placement fees to be sent

Name & Address			
Postcode:			
Telephone:		Fax:	
Email:			

6.7 Variations to this Individual Placement Agreement

Variations to this IPA must be made in writing by the requesting Party and agreed by the Provider and the Purchaser in advance.

Any variations to costs must be signed by both Parties' Authorised Officers before additional costs will become payable under this Agreement.

7. DOCUMENTATION

7.1 Confirmation that the following documents have been provided as part of the pre-admission placement planning process. (This documentation must be provided at the start of the placement or within 7 days if an emergency placement)

Documentation	Required	Responsibility to provide (Parents / Purchaser / Provider)	Date Provided / Provided By
Statement of SEN (plus appendices)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Medical Consent Card	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Individual Behaviour Plan	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Individual Health Plan	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Individual Education Plan/ Latest Annual Review Paperwork	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Personal Education Plan	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
List of Personal Belongings (including clothing)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Chronology	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Placement Request Forms	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
LAC Documentation (inc Care Plan)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Core Assessment	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Placement Plan 1 & 2	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Essential Information 1 & 2	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Pathway Plan	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Benefit Entitlement	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Other please specify e.g. YOT documents, CAMHS assessments, risk assessments (including Behaviour risk assessments) etc.			

7.2 Confirmation that the following documents have been provided by the Provider to the allocated social worker as part of the pre-admission placement planning process.

The initial Individual Child's Placement Plan which includes an explicit risk assessment and risk management plans for keeping the Child safe from known risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
The School's Statement of Purpose and Function	Yes <input type="checkbox"/> / No <input type="checkbox"/>
The Children's Guide	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Any other information about the Service that the School provides for Children, parents/carers and placing authorities including complaints procedure.	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>
A copy of the most recent OFSTED inspection report along with the Provider's action plan if applicable.	Yes <input type="checkbox"/> / No <input type="checkbox"/>

8. SIGNATORIES TO AGREEMENT / APPROVAL FOR FUNDING:

The Provider and Purchaser agree to the placement in the named School of the named Child in accordance with the details set out above. For the purposes of this Individual Placement Agreement, the Agreement Commencement Date is the date of actual admission of the Child to the School. This condition and the Agreement in its entirety are not affected or altered in any way by the actual date of signature of this Agreement.

Child's Name:	
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8.1			
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EDUCATION:			
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NAME:			
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POSITION:			
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SIGNATURE:		DATE:	
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8.2			
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SOCIAL CARE (IF APPLICABLE):			
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NAME:			
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POSITION:			
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SIGNATURE:		DATE:	
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8.3			
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HEALTH (IF APPLICABLE):			
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NAME:			
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POSITION:			
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SIGNATURE:		DATE:	
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8.4			
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OTHER (Specify):			
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NAME:			
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POSITION:			
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SIGNATURE:		DATE:	
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8.5			
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PROVIDER:		Other	
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NAME:			
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POSITION:			
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SIGNATURE:			
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DATE:			
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