**SCHEDULE 2A**

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| **INDIVIDUAL PLACEMENT AGREEMENT (IPA)****For the Placement of Learners in Schools and Colleges** |
| **THE PURPOSE OF THE IPA** |
| This IPA is the individual Contract which forms part of and is in accordance with the FPS Agreement for the provision of Educational Placements & Other Support Services for Special Educational Needs and Disabilities made between Cheshire East Borough Council and the Provider. The terms and conditions of the FPS Agreement (other than those terms expressly or specifically limited or applicable to the School /College or operation of the FPS) shall be incorporated into this IPA except where expressly amended by this IPA. In the event of any conflict between the provisions of this IPA and the provisions of the FPS Agreement, the provision of this IPA shall prevail. The relevant Schedules that complete this IPA are: |
| Schedule 1**: Arrangements for the Provision of Education and Care in Schools.** |  |
| Schedule 2: Individual Placement Agreement  | **This Version** |
| Schedule : |  |
| Schedule 4: **Arrangements for the Provision of Education and Care in Colleges.****.**  |  |
| Schedule **:** |  |
| Its purpose is to bring within the scope of the Contract the Learner named below unless specifically stated. |
| **Learner’s Name:** |  |
| **Date IPA Issued** |  |
|  |
| **1. PARTIES TO THE IPA** |
|  |
| **1.1 The Authority** |
| **Name of Authority:** |       |
| **Address:** |       |
| **Postcode:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Email:** |       |
|  |
| **1.2 The Provider** |
| **Name of Organisation:**(Registered Legal Entity)This must match the organisation who is the signatory to the FPS Agreement. |       |
| **Registered Company Number / Registered Charity Number:**This must match the organisation who is the signatory to the FPS Agreement. |       |
| **Registered Provider business address:** (as per legal entity details above) |       |
| **Postcode:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Email:** |       |
| **NB: This agreement will supersede all other agreements signed in respect of the placement of the Learner.** |
| **2. LEARNER’S DETAILS** |
|  |
| **Family Name:** |       |
| **First Name:** |       |
| **Known As (if applicable):** |       |
| **Learner’s Personal Identity Number:** |       |
| **Learner’s Unique Number** **(if different):** |       |
| **Date of Birth:** |       | **Gender:** | **Male**  | **Female**  |
| **EHC:** |  | **SEN:** |  | **LDA** |  |

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| **3. PLACEMENT DETAILS** |
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| **The named Learner may not be moved to another School or College or placement by the Provider within or outside of the organisation without the prior written approval of the Authority. The IPA shall commence on the Admission Date stated** |
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| **3.1 Admission Date: (DD/MM/YYYY)** |  |
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| **3.2 This IPA will be terminated automatically at the end of the academic year in which the Learner’s eleventh / sixteenth / eighteenth / nineteenth birthday falls or on the following date (up to 25th birthday).** |
| Please check  / complete as appropriate |       **(DD/MM/YYYY)**  | 11th  | 16th  | 18th  | 19th  |
|  |  |
| **3.3 The Learner will be registered at the following registered School or College.** |
|  |  |
| **Name & Address of School or College:** |       |
|  | **Postcode:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Email:** |       |
| **Name of Principal / Head Teacher:** |       |
| **OFSTED Reg. No. / DFE/ Skills Funding Agency No/ EFA UPIN:** |      /       |
|  |
| **3.4 Type of Service Provision.** Please check as appropriate |
| 52 Weeks  | 40 Weeks  | 38 Weeks  | Day Pupil  | Termly  | No of Weeks      |
| Boarding |
| Full Time  | Termly  | Fortnightly  | Weekly  | Other Detail        |
|  |  |
| **School or College 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**  |
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| **4.1 For the purpose of this IPA the named officers of the Authority 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: |  |

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| **4.2 For the purpose of this IPA the named officer (s) of the Provider are as follows:** |
| **PRINCIPAL / HEAD TEACHER** |
| Name: |  |
| Based at: |  |
| Telephone: |  | Mobile: |  |
| Fax: |  |
| E-mail: |  |
| **PROVIDER CONTACT – HEAD OF CARE** |
| Name: |  |
| Based at: |  |
| Telephone: |  | Mobile: |  |
| Fax: |  |
| E-mail: |  |
| **PROVIDER CONTACT – HEALTH** |
| Name: |  |
| Based at: |  |
| Telephone: |  | Mobile: |  |
| Fax: |  |
| E-mail: |  |
| **PROVIDER CONTACT – FINANCE / CONTRACTS** |
| Name: |  |
| Based at: |  |
| Telephone: |  | Mobile: |  |
| Fax: |  |
| E-mail: |  |

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| **4.3 For the purpose of this IPA details of other relevant parties are as follows:** |
| **Role:** |
| Name: |  |
| Address: |  |
| Telephone: |  | Mobile: |  |
| E-mail: |  |
| **Role:** |
| Name: |  |
| Address: |  |
| Telephone: |  | Mobile: |  |
| E-mail: |  |
| **4.3 Continued** |
| **ROLE:** |
| Name: |  |
| Address: |  |
| Telephone: |  | Mobile: |  |
| Fax: |  |
| E-mail: |  |
| **ROLE:** |
| Name: |  |
| Address: |  |
| Telephone: |  |  |  |  |  |  |
| Fax: |  |
| E-mail: |  |
| **ROLE:** |
| Name: |  |
| Address: |  |
| Telephone: |  | Mobile: |  |
| Fax: |  |
| E-mail: |  |
|  |  |
|  | **5.1 Responsibility** |
|  | Please indicate whose responsibility (Parent, Provider, Authority) it is to provide the following. Check  appropriate boxes where applicable.  |
|  | **Parent** | **Provider** | **Learner** | **Authority** | **Not Applicable** |
| **Pocket money** |  |  |  |  |  |
| **Long term savings** |  |  |  |  |  |
| **Festival allowance & Birthday allowances** |  |  |  |  |  |
| **Clothing** |  |  |  |  |  |
| **Transport at end of term** |  |  |  |  |  |
| **Transport during term time** |  |  |  |  |  |
| **Toiletries** |  |  |  |  |  |
| **Holidays** |  |  |  |  |  |
| **Leisure activities** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other**  |  |  |  |  |  |
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|  | **6. THE PRICE** |
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|  | **6.1 The Standard Fee** |
| **£** |  | Per week Per term Per year  |
| **Made up of** | Amount  | Funded by |
| **Element 1** | **£** |  |
| Details:  |
| **Element 2** | **£** |  |
| Details:  |
| **Element 3** | **£** |  |
| Details:  |
| Is there an agreed approach to uplifts over the contract period? | Yes |  |  No |  |
| Will the percentage defined in the NW Approach to uplifts be used?<https://www.nwadcs.org.uk/north-west-approach-uplifts>  | Yes |  |  No |  |
| Details of other agreed approach: |  |
|  |  |
|  | **6.2 Variations to the Contract or Schedule resulting in Supplementary Charges** |
| **Detail of Variation** |  | **Supplementary Charges** |
| **£** per hour   per week   per term |
| **Review date:** |       | **End date:** |       |
|  |  |
| **Detail of Variation** |  | **Supplementary Charges** |
| **£** per hour   per week   per term |
| **Review date:** |       | **End date:** |       |
|  |  |
| **Detail of Variation** |  | **Supplementary Charges** |
| **£** per hour   per week   per term |
| **Review date:** |       | **End date:** |  |       |
|  |  |
|  | **6.3 The variations listed below do not result in any supplementary charges**  |
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|  | **6.4 TOTAL FEE****Subject to the provisions above, excluding payments received from the EFA and/ or Direct Payments, 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  |
|  | **Subject to variations in 6.2 this total fee will be reviewed on** |  |

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|  | **6.5 Funding Arrangements** |
|  | **Contributors to the Placement Fee:** |
| **SOURCE** | **%** | **COST** | **Part of Total Fee payable (6.4)** | **PERIOD** **(eg Per Week, Month, Term, Year)** |
| Social Care | % | **£** |  | **Per** |
| LA Education |       % | **£** |  | **Per** |
| Health |       % | **£** |  | **Per** |
| EFA  | **%** | **£** |  | **Per** |
| Direct Payment | **%** | **£** |  | **Per** |
| Other funding (Please specify):  |       % | **£** |  | **Per** |
|  |  |
|  | **6.6 Invoices** |
| **Invoices to be submitted** | Weekly  | Monthly  | Quarterly | Termly  | Yearly  |
|  |  |
|  | **Details of where invoices for the agreed placement fees to be sent** |
| **Name & Address** |  |  |
| **Postcode:** |  |  |
| **Telephone:** |  |  | **Fax:** |  |
| **Email:** |  |  |

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| **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 Authority in advance.Any variations to costs must be signed by both Parties’ Authorised Officers before additional costs will become payable under this Agreement.  |

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| **7. DOCUMENTATION**  |
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| **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 / Learners/ Purchaser / Provider | **Date Provided / Provided By** |
| Education, Health and Care Plan | Yes / No  |  |       |
| Medical Consent Card | Yes / No  |  |       |
| Individual Behaviour Plan  | Yes / No  |  |       |
| Individual Health Plan  | Yes / No  |  |       |
| Individual Education Plan/ Latest Annual Review Paperwork  | Yes / No  |  |       |
| Personal Education Plan (LAC) | Yes / No  |  |       |
| List of Personal Belongings (including clothing) | Yes / No  |  |       |
| Chronology  | Yes / No  |  |       |
| Placement Request Forms  | Yes / No  |  |       |
| LAC Documentation (inc Care Plan) (LAC) | Yes / No  |  |       |
| Core/ Single Assessment  | Yes / No  |  |       |
| Placement Plan 1 & 2 (LAC)  | Yes / No  |  |       |
| Essential Information 1 & 2 (LAC) | Yes / No  |  |       |
| Pathway Plan (LAC) | Yes / No  |  |       |
| Benefit Entitlement | Yes / No  |  |       |
| Other please specify e.g. YOT documents, CAMHS assessments, risk assessments (including Behaviour risk assessments) etc. |
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| **7.2 Confirmation that the following documents have been provided by the Provider to the allocated Purchaser/ Learner as part of the pre-admission placement planning process.** |
| The initial Individual Learner’s Placement Plan which includes an explicit risk assessment and risk management plans for keeping the Learner safe from known risks. | Yes / No  |
| The School’s/ College’s Statement of Purpose and Function | Yes / No  |
| The Children’s/ Learner’s Guide | Yes / No  |
| Any other information about the Service that the School or College provides for Learners, parents/carers and placing authorities including complaints procedure. | Yes / No / N/A  |
| A copy of the most recent Inspectorates inspection report along with the Provider’s action plan if applicable. | Yes / No  |
| **8. Signatories to Agreement / Approval for Funding:**  |
|  |
| The Provider and Purchaser agree to the placement in the named School/ College of the named Learner 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 Learner to the School or College. 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. |

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| **Learner’s Name:** |  |

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| **8.1** |
| **EDUCATION:** |
| **NAME:** |  |
| **POSITION:** |  |
| **SIGNATURE:** |  | **DATE:** |       |
|  |
| **8.2** |
| **SOCIAL CARE (IF APPLICABLE):** |
| **N****AME:** |  |
| **POSITION:** |  |
| **SIGNATURE:** |  | **DATE:** |       |
|  |
| **8.3** |
| **HEALTH (IF APPLICABLE):** |
| **NAME:** |  |
| **POSITION:** |  |
| **SIGNATURE:** |  | **DATE:** |       |
|  |
| **8.4** |
| **OTHER eg DIRECT PAYMENTS(Specify):** |
| **NAME:** |  |
| **POSITION:** |  |
| **SIGNATURE:** |  | **DATE:** |       |
|  |
| **8.5** |
| **PROVIDER:** | **Other** |
| **NAME:** |  |  |
| **POSITION:** |  |  |
| **SIGNATURE:** |  |  |
| **DATE:** |  |  |