



**LONDON BOROUGH OF MERTON**  
**Schedule 2 – Individual Placement**  
**Form**

Contract No: DN635417

Title: Non-Maintained and Independent  
Special Schools (NMISS) Placement  
Dynamic Purchasing System (DPS)



## Schedule 2 – Placement Form

Non-Maintained and Independent Special Schools (NMISS) Placement Dynamic Purchasing System (DPS)

### DPS Agreement – Individual Placement Form

This Individual Placement Form incorporates the terms and conditions, Schedules, EHC Plan (or the most current version authorised by the Authority) and other relevant documentation (to be specified below) set out at the Appendices below. The Individual Placement Form, terms and conditions, Schedules, current EHC Plan authorised by the Authority and other relevant documentation shall together constitute the Agreement.

#### 1. Parties to the Individual Placement Form

1.1 The Authority			
Name of the Authority:	London Borough of Merton		
Address:	Civic Centre, London Road, Morden, SM4 5DX		
Telephone	[insert]	Fax:	[insert]
Email	[insert]		

1.2 The Provider			
Name of Organisation: (Registered Legal Entity)	[insert]		
Registered Company Number / Registered Charity Number:	[insert]		
Registered Provider Business address: (as per legal entity details above)	[insert]		
Telephone	[insert]	Fax:	[insert]
Email	[insert]		

#### 2. CYP's details

Family name:	[insert]
First name:	[insert]

Known as (if applicable):	[insert]					
CYPs personal identity number:	[insert]					
CYP's unique number (if different):	[insert]					
Date of Birth:		Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
EHC:	<input type="checkbox"/>	SEN:	<input type="checkbox"/>	LDA	<input type="checkbox"/>	

### 3. Placement details

The named CYP may not be moved to another Provider, School or College or Placement, by the Provider within or outside of the organisation without the prior written approval of the Authority. The Individual Placement Form shall take effect on the Commencement Date.

3.1	<b>Admission Date: (DD/MM/YYYY)</b>	[insert]
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3.2	<b>This Individual Placement Form will be terminated either:</b>
	<p>a) in accordance with the terms and conditions set out in the Agreement; or</p> <p>b) [automatically at the end of the academic year in which the CYP's eleventh / sixteenth / eighteenth / nineteenth birthday falls or on the following date (up to 25th birthday).]</p>
	Please check/complete(DD/MM/YYYY)    11th    16th    18th    19th as appropriate

3.3	<b>The CYP will be registered at the following registered School or College.</b>	
Name & Address of School or College:	[insert]	
		Postcode: [insert]
Telephone:	[insert]	Fax: [insert]
Email:	[insert]	
Name of Headteacher:	[insert]	
OFSTED Reg. No. / DFE/ SkillsFunding Agency No/ EFA UPIN:	[insert]	

<b>3.4 Type of Service Provision. Please check as appropriate</b>					
52 Weeks <input type="checkbox"/>	40 Weeks <input type="checkbox"/>	38 Weeks <input type="checkbox"/>	Day Pupil <input type="checkbox"/>	Termly <input type="checkbox"/>	No of Weeks
Boarding					
Full Time <input type="checkbox"/>	Termly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Other <input type="checkbox"/> 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)

**4. Key contacts**

<b>4.1 For the purpose of this Individual Placement Form the named officers of the Authority are as follows:</b>			
<b>Allocated Education Officer/ Education contact person:</b>			
Name:	[insert]		
Team Name:	[insert]		
Based at:	[insert]		
Telephone:	[insert]	Mobile:	[insert]
Fax:	[insert]		
E-mail:	[insert]		
<b>Social Worker / Social care contact:</b>			
Name:	[insert]		
Team Name:	[insert]		
Based at:	[insert]		
Telephone:	[insert]	Mobile:	[insert]
Fax:	[insert]		
E-mail:	[insert]		
<b>Health contact:</b>			
Name:	[insert]		
Team Name:	[insert]		

Based at:	[insert]		
Telephone:	[insert]	Mobile:	[insert]
Fax:	[insert]		
E-mail:	[insert]		
<b>Advocacy service contact:</b>			
Name:	[insert]		
Based at:	[insert]		
Telephone:	[insert]	Mobile:	[insert]
Fax:	[insert]		
E-mail:	[insert]		
<b>Contracts Officer contact:</b>			
Name:	[insert]		
Based at:	[insert]		
Telephone:	[insert]	Mobile:	[insert]
Fax:	[insert]		
E-mail:	[insert]		

<b>4.2 For the purpose of this Individual Placement Form the named officer(s) of the Provider are as follows:</b>			
<b>Headteacher</b>			
Name:	[insert]		
Based at:	[insert]		
Telephone:	[insert]	Mobile:	[insert]
Fax:	[insert]		
E-mail:	[insert]		
<b>Provider contact – Head of Care</b>			

Name:	[insert]		
Based at:	[insert]		
Telephone:	[insert]	Mobile:	[insert]
Fax:	[insert]		
E-mail:	[insert]		
<b>Provider contact – Health</b>			
Name:	[insert]		
Based at:	[insert]		
Telephone:	[insert]	Mobile:	[insert]
Fax:	[insert]		
E-mail:	[insert]		
<b>Provider contact – Finance / Contracts</b>			
Name:	[insert]		
Based at:	[insert]		
Telephone:	[insert]	Mobile:	[insert]
Fax:	[insert]		
E-mail:	[insert]		

<b>4.3 For the purpose of this Individual Placement Form details of other relevant parties are as follows:</b>			
<b>Role:</b> [insert]			
Name:	[insert]		
Address:	[insert]		
Telephone:	[insert]	Mobile:	[insert]
E-mail:	[insert]		

**5. Outcomes**

<p><b>5.1 Notwithstanding the requirements of the Schedule 1 of the Agreement, the following specific outcomes are required to be achieved for the CYP in this Placement. Any additional resource / cost implications must be identified below in Section 6.1.</b></p>	
<p><b>Outcome:</b></p>	
<p>[insert]</p>	
<p><b>Success Measure</b></p> <p>[insert]</p>	<p><b>Timescale</b></p> <p>[insert]</p>
<p><b>Outcome:</b></p>	
<p>[insert]</p>	
<p><b>Success Measure</b></p> <p>[insert]</p>	<p><b>Timescale</b></p> <p>[insert]</p>

<p><b>5.2 Responsibility</b></p>				
<p><b>Please indicate whose responsibility (Parent, Provider, Authority) it is to provide the following. Check appropriate boxes where applicable.</b></p>				
	Parent	Provider	Authority	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. Fees

<b>6.1 The Standard Fee</b>		
<b>Annual Fee</b>	£	
<b>Made up of:</b>	<b>Amount</b>	<b>Funded by</b>
<b>Core Fee (education provision)</b>	£	
	Details:	
<b>Additional Fees (related to education provision)</b>	£	
	£	
	£	
	£	
	£	
	£	
<b>Additional Fees (other provision e.g. health or social care, to be agreed with health and/or social</b>	£	
	£	



care contacts, including as part of LBM's JRAP process)	£	
	£	
	£	
	£	

<b>6.2 Variations to the Agreement resulting in Supplementary Charges</b>				
Detail of Variation		[insert]		Supplementary Charges
				£
				<input type="checkbox"/> per hour
Review date:	[insert]	End date:	[insert]	<input type="checkbox"/> per week
				<input type="checkbox"/> per term

<b>6.3 The variations listed below do not result in any supplementary charges</b>	
[insert]	[insert]

<b>6.4 Total Fee</b>
Subject to the provisions above, excluding payments received from the ESFA [and/or Direct Payments], and with effect from the date in Section 3.1. above, the Authority shall pay the Provider the sum of:
£[insert] Per Year

Subject to variations in 6.2 this total fee will be reviewed on **[insert]**

6.5 Funding Arrangements				
Contributors to the Placement Fee:				
Source	%	Cost	Part of Total Fee payable (6.4)	Period (e.g. Per Week, Month, Term, Year)
Social Care	%	£	<input type="checkbox"/>	Per
LA Education	%	£	<input type="checkbox"/>	Per
Health	%	£	<input type="checkbox"/>	Per
ESFA	%	£		Per
Direct Payment	%	£		Per
Other funding (Please specify):	%	£	<input type="checkbox"/>	Per

6.6 Invoices

Invoices to be submitted 30 days in advance of each Seasonal Term with a due date of the first (1<sup>st</sup>) day of each Seasonal Term.

Details of where invoices for the agreed placement fees to be sent			
Name & Address	<b>[insert]</b>		
Postcode:	<b>[insert]</b>		
Telephone:	<b>[insert]</b>	Fax:	<b>[insert]</b>
Email:	<b>[insert]</b>		

**6.7 Variations to this Individual Placement Form**

Variations to this Individual Placement Form must be made in accordance with the Variation Form at Schedule 4 and agreed by the Provider and the Authority in writing.

Any variations to the Fees must be signed by both parties' Contracts Officers before additional costs will become payable under the 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)**

<b>Documentation</b>	<b>Required</b>	<b>Responsibility to provide (Parents / CYPs/ Purchaser / Provider</b>	<b>Date Provided /Provided By</b>
Statement of SEN (plus appendices)	Yes <input type="checkbox"/> / No		
Education, Health and Care Plan	Yes <input type="checkbox"/> / No		
Learning Difficulty Assessment	Yes <input type="checkbox"/> / No		
Medical Consent Card	Yes <input type="checkbox"/> / No		
Individual Behaviour Plan	Yes <input type="checkbox"/> / No		
Individual Health Plan	Yes <input type="checkbox"/> / No		
Individual Education Plan/ Latest Annual Review Paperwork	Yes <input type="checkbox"/> / No		
Personal Education Plan (LAC)	Yes <input type="checkbox"/> / No		
List of Personal Belongings (including clothing)	Yes <input type="checkbox"/> / No		
Chronology	Yes <input type="checkbox"/> / No		
Placement Request Forms	Yes <input type="checkbox"/> / 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.			

<b>7.2 Confirmation that the following documents have been provided by the Provider to the allocated Purchaser/ CYP as part of the pre-admission placement planning process.</b>	
The initial Individual CYP's Placement Plan which includes an explicit risk assessment and risk management plans for keeping the CYP safe from known risks.	Yes / No
The School's/ College's Statement of Purpose and Function	Yes / No
The Children's/ CYP's Guide	Yes / No
Any other information about the Service that the School or College provides for CYPs, 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 and approval for funding:**

The Provider and Authority agree to the Placement in the named School/ College of the named CYP in accordance with the details set out above. For the purposes of this Individual Placement Form, the Agreement Commencement Date is the date of actual admission of the CYP to the School or College.

**CYP's Name:**

8.1			
<b>Education:</b>			
<b>Name:</b>			
<b>Position:</b>			
<b>Signature:</b>		<b>Date:</b>	

8.2			
<b>Social care (if applicable):</b>			
<b>Name:</b>			
<b>Position:</b>			
<b>Signature:</b>		<b>Date:</b>	

8.3			
<b>Health (if applicable):</b>			
<b>Name:</b>			
<b>Position:</b>			
<b>Signature:</b>		<b>Date:</b>	

8.4		
<b>Provider:</b>		<b>Other</b>
<b>Name:</b>		
<b>Position:</b>		
<b>Signature:</b>		
<b>Date:</b>		

8.5		
<b>Authority:</b> London Borough of Merton		<b>Other</b>
<b>Name:</b>		
<b>Position:</b>		
<b>Signature:</b>		
<b>Date:</b>		

