

**Appendix A Service Questionnaire**

**Education Psychologists Service**

**CCS030 Provision of Educational Psychology Assessments**

Applicants Name

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| **Instructions, Notes for Completion**  **& Assessment** |

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| **Instructions** |
| Please complete this service questionnaire and return with an up-to-date CV and the documents identified in 16.1 of the specification to [sarah.myers@derbyshire.gov.uk](mailto:sarah.myers@derbyshire.gov.uk). |
| **Notes for Completion** |
| * Responses and comments should be provided in English and should be as accurate and concise as possible. * Please use the text box provided for your response to each question, the box will expand as text is entered. * Guidance on the assessment of the responses can be found in the assessment section of this document. * If you have any queries regarding how to complete this document, please address them as set out in the specification 16.2 |

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| **Assessment** |
| In assessing the answers to the following questions, the Council will be seeking evidence of the Potential Provider’s suitability to deliver the requirements of the contract.   * The provision of false information will disqualify organisations (including individuals who are self-employed) from further consideration * As set out below some of the responses are provided for information purposes only and others will be assessed on a pass/fail basis. * Each section of the form will be assessed individually and a fail on one or more questions will result in an overall fail. * Table 1 sets out how each of the sections will be assessed. * Table 2 set out the criteria the response will be assessed against to conclude if it is deemed to have passed or failed   The Council expressly reserves the right to require a Potential Provider to provide additional information supplementing or clarifying any of the information provided in response to the requests set out in the tender documentation.  Failure to provide the required information, make a satisfactory response to any question, or supply documentation referred to in responses, within the timescale given, may mean that your organisation will not be considered further.  **Table 1**   |  |  |  |  | | --- | --- | --- | --- | | **Section** | **Requirement** | **Result** | **Assessment** | | **Section 1** | **Service Requirements** | | | | 1.1 | Confirmation of acceptance for the Service Specification | pass/fail | The response must confirm acceptance of the specification including delivery model and requirement | | 1.2 | Agreement to Terms and Conditions | pass/fail | The response must confirm that the requirement is met | | 1.3 | Enhanced DBS checks completed | pass/fail | The response must confirm that the required check is held, and that no investigations, convictions, cautions or other issues have risen since the check was undertaken, and provide the DBS number and renewal date. | | 1.4 | Registered with Health and Care Professionals Councils | pass/fail | The response must confirm that that the required registration is held and provide the registration number | | 1.5 | Own equipment | pass/fail | The response must confirm acceptance of the requirement | | 1.6 | Responsible for own tax and National Insurance | pass/fail | The response must confirm acceptance of the required responsibility | | 1.7 | Applicable Policies and Legislation | pass/fail | The response must confirm compliance with the requirements | | **Section 2** | **Price** |  |  | | 2.1 | Price per assessment | For information only | The required information must be provided. | | **Section 3** | **Safeguarding and Regulations** | | | | 3.1.1 | Current Safeguarding Training | pass/fail | The response must confirm that safeguarding training is current and up to date. | | 3.2.1 | Confirmation of relevant policy(s) | pass/fail | The response must confirm that the requirement for familiarity with the policies and procedures is met. | | 3.2.2 | Confirmation of relevant information | pass/fail | The response must confirm that the requirement for familiarity with information is met. | | 3.2.3 | Confirmation of relevant guidance | pass/fail | The response must confirm that the requirement for awareness of the guidance is met. | | 3.2.4 | Confirmation of relevant information | pass/fail | The response must confirm that the requirement for familiarity with the referral and contact arrangements is met. | | 3.2.5 | Confirmation of relevant information | pass/fail | The response must confirm that the requirement for familiarity with other information within the Derbyshire Safeguarding Childrens Boards is met. | | **Section 4** | **Insurance and Indemnity** | | | | 4.1 | Confirmation of professional insurance and indemnity information | pass/fail | The response must confirm that the required insurance (including the Level of liability) is held or would be obtained | | **Section 5** | **References** | | | | 5.1 | Applicant verification | pass/fail  pass/fail | The response should provide details of referees who verifies the applicant’s suitability to carry out educational psychologist assessments. Professionalism, ability to meet deadlines, communication, availability and general competence will be taken into consideration when assessing these. | | 5.2 | Applicant verification | | **Section 6** | **Service Delivery Experience** | | | | **6.1** | Previous report writing examples | Pass/fail | The examples provided should evidence the ability of the applicant to successfully undertake assignments for the Council. These will be assessed on overall quality including identification of needs, specificity of interventions, and that the voice of the young person and their parent(s)/ carer(s) have been sought. | | **Section 7** | **Contact Details and Declaration** | | | | **7.1** | Applicants Details | For information only | The required information must be provided. |   **Table 2**   |  |  | | --- | --- | | **Result** | **Assessment Criteria** | | **Pass** | The information /evidence has been assessed and judged to be acceptable. | | **Fail** | Question not answered, or a no answer has been indicated ; and/or  The response does not meet the full criteria and there is limited information provided or an answer that largely fails to address the question or that is flawed in aspects; and/or  There are significant gaps and no evidence that services provided will be in line with expectations and the standards required.  Reference/s received do not satisfy the criteria and give cause for concern of the applicant’s ability to produce reports in accordance with the requirements. | | **For Information Only** | The data provided is for information only and will not be scored / assessed, however if the information requested is not provided the bid will be judged to be non-compliant unless there is an acceptable reason for its omission. | |

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| **Section 1 – Service Requirements** | | | | | | | |
| **Part 1** | | **Service Requirements** | | | | | |
| **Question no.** | | **Question** | | | **Response** | | |
|  | | Please confirm that you accept the Service Specification including service delivery model and requirements. | | | Yes  No | | |
|  | | Please confirm that you have read, understood and are in agreement with the Terms and Conditions of the Education Psychologists Agreement. | | | Yes  No | | |
|  | | Please confirm that you currently hold an enhanced DBS check for the position of Education Psychologist and have not been subject to any police or criminal investigation, conviction or police caution or other issues arising since this check was undertaken, which would potentially compromise you undertaking this role. | | | Yes  No | | |
| Please confirm your DBS Reference number. | | |  | | |
| Please confirm your DBS renewal date. | | |  | | |
|  | | Please confirm you are registered with the Health and Care Professionals Council (HCPC). | | | Yes  No | | |
| Please confirm your HCPC registration number. | | |  | | |
|  | | Please confirm you will provide your own equipment as necessary. | | | Yes  No | | |
|  | | Please confirm you are responsible for your own tax and National Insurance. | | | Yes  No | | |
|  | | Please confirm that you do or will comply with all of the applicable policies and legislation as outlined in the specification. | | | Yes  No | | |
| **Section 2 – Price** | | | | | | | |
| **Question no.** | | **Question** | | | **Response** | | |
|  | | Please state the price to be charged per assessment. | | | £ | | |
| **Section 3 – Safeguarding and Regulations** | | | | | | | |
| **Part 1** | **Safeguarding** | | | | | | |
| **Question no.** | **Question** | | | | | **Response** | |
|  | Please confirm you have up to date and current Safeguarding training. | | | | | Yes  No | |
| **Part 2** | **Safeguarding Policies** | | | | | | |
| **Question no.** | **Question** | | | | | **Response** | |
|  | Please confirm that you will adhere to the policies and procedures within Derbyshire Safeguarding Childrens Board found at:  <https://www.ddscp.org.uk/staff-and-volunteers/policies-and-procedures/> | | | | | Yes  No | |
|  | Please confirm that you are familiar with the information available for Professionals and volunteers within Derbyshire Safeguarding Childrens Board (see link below) and will adhere to the policies as and when is necessary  https://www.ddscp.org.uk/staff-and-volunteers/ | | | | | Yes  No | |
|  | Please confirm that you are aware of the safeguarding guidance around disclosure or concern of abuse or neglect (see links below) and will adhere to any policies concerning such instances  <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>  <https://www.ddscp.org.uk/staff-and-volunteers/policies-and-procedures/> | | | | | Yes  No | |
|  | Please confirm that you are familiar with the information available regarding referrals and contact arrangements within Derbyshire Safeguarding Childrens Board (see link below) and will use them as and when is necessary  <https://derbyshirescbs.proceduresonline.com/contacts.html#referrals> | | | | | Yes  No | |
|  | Please confirm that you are familiar with other information, including training and resources, available for within Derbyshire Safeguarding Childrens Board found at:  <https://www.derbyshirescb.org.uk/home.aspx> | | | | | Yes  No | |
| **Section 4 – Insurance and Indemnity** | | | | | | | |
| **Part 1** | **Professional Insurance and Indemnity** | | | | | | |
| **Question no.** | **Question** | | | | | **Response** | |
|  | Please confirm whether you already have, or can commit to obtain, prior to the commencement of the contract, and provide evidence of the value of the cover for each policy, the levels of insurance cover indicated below: | | | | |  | |
| Employer’s Liability Insurance (where appropriate) = £10 million | | | | | Yes  No  n/a | |
| Public Liability Insurance = £5 million | | | | | Yes  No | |
| Professional indemnity Insurance = £2 million | | | | | Yes  No | |
| Please note the insurance cover values shall not be less than the amounts detailed above for each and every claim. | | | | |  | |
| **Section 5 – References** | | | | | | | | |
| Please provide details of two referees that are relevant to the Council’s requirement.  The named contacts provided must be professional referees who are able to provide evidence to confirm the applicants suitability to carry out Educational Pyschologists asessments. | | | | | | | | |
| 1. **Reference 1** | | | | | | | | |
| Relationship to applicant | | |  | | | | | |
| Name of referee | | |  | | | | | |
| Name of organisation (if applicable) | | |  | | | | | |
| Position (in the organisation) | | |  | | | | | |
| E-mail address | | |  | | | | | |
| Telephone number | | |  | | | | | |
| Postal address | | |  | | | | | |
| Length of time known to referee | | |  | | | | | |
| 1. **Reference 2** | | | | | | | | |
| Relationship to applicant | | |  | | | | | |
| Name of referee | | |  | | | | | |
| Name of organisation (if applicable) | | |  | | | | | |
| Position (in the organisation) | | |  | | | | | |
| E-mail address | | |  | | | | | |
| Telephone number | | |  | | | | | |
| Postal address | | |  | | | | | |
| Length of time known to referee | | |  | | | | | |
| If you cannot provide at least one reference, in no more than 250 words please provide an explanation for this e.g. you have not provided services in the past or you were unable to obtain consent to provide referee details. | | | | | | | | |
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| **Section 6 – Service Delivery Experience** | | | | | | | | |
| **Question no.** | **Question** | | | | | | **Response** | |
|  | Please provide 2 previous examples of anonymised psychological advice that you have undertaken for statutory purposes.  *Please note, these should be sent as additional document attachments.* | | | | | | Attached  Yes  No | |
| **Section 7 – Contact Details and Declaration** | | | | | | | | |
| I declare that to the best of my knowledge the answers submitted, and information contained in this document are correct and accurate.  I declare that, upon request and without delay I will provide the certificates or documentary evidence referred to in this document.  I understand that the information will be used in the selection process to assess my organisation’s suitability to be invited to participate further in this procurement.  I understand that the Council may reject this submission in its entirety if there is a failure to answer all the relevant questions fully, or if false/misleading information or content is provided in any section.  I am aware of the consequences of serious misrepresentation. | | | | | | | | |
| **7.1 Contact details** | | | | | | | | |
| **Requirement** | | | | **Response** | | | | |
| Contact name | | | |  | | | | |
| Name of organisation (if applicable) | | | |  | | | | |
| Role in organisation (if applicable) | | | |  | | | | |
| Phone number | | | |  | | | | |
| E-mail address | | | |  | | | | |
| Web address (if applicable) | | | |  | | | | |
| Postal address | | | |  | | | | |
| Signature (electronic is acceptable) | | | |  | | | | |
| Date | | | |  | | | | |