

INDIVIDUAL AGREEMENT

For Children and Young People placed in Alternative Provision services.

This Individual Agreement - which forms part of, and is in accordance with, the Alternative Provision Framework Agreement for Children and Young People - details the arrangements between Dorset Council and the Provider.

Child / Young Person's Basic Information

Full Name	
Reference Number (Synergy/Mosaic)	
Date of Birth	
Legal Status of the Child	
Is there an Education, Health & Care Plan (EHCP) in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Provider Details

Name of Provider	
Provider Contact	
Provider Address	

Referrer Details

Name of Referrer	
Team (SEN, Alternative Provision, Virtual School)	
Telephone Number	
Email Address	

Service Details

Service start date	
Service end date	
Agreed hours of service	

Details of package of support agreed; as described on the EOI; Include: specific activity, adult to child ratio, location, reporting frequency

Outcomes - Specific Outcomes required to be achieved for the Young Person in this placement as stated on EHCP and EOI	
Outcome 1	
Outcome 2	
Outcome 3	
Outcome 4	
Service Costs	
Cost of service Weekly/Termly or annually	£
Total Cost of Placement	£
Dorset Council AP budget for this service	SEN <input type="checkbox"/> Inclusion <input type="checkbox"/> LAC PP <input type="checkbox"/>
Other financial contributions e.g. school	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, Contributor: _____ Amount: £
<p>Please note that the invoice needs to specify Dorset Council and include the YP's Initials and DOB and be forwarded to childrenscommissioninginvoices@dorsetcc.gov.uk</p>	

Provider Signatures	
Signature	
Name	
Position	
Date	

Dorset Council Signatures	
Name Brokerage	Print Name:
	Signature:
Referrer Name	Print Name:
	Signature:
Signed by Service Manager/Team Manager (in line with delegated authority) and AP Panel decision. (If VS by LAC PP Panel)	Print Name:
	Signature:
Date	

For Dorset Council internal use only:

Once completed and signed off:	Completed by date
Send a copy to the Provider	
Scan and upload this to Synergy/Mosaic	