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| **We Work for Everyone** **Client Referral form** |

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| **Date for Placement** | Click here to enter a date. |

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| **Date form completed** | Click here to enter a date. |
| **Initials of placement user (s)** | Click here to enter text. |
| **DPS Framework number** | Click here to enter text. |
| **Placement type** | Choose an item. |
| **Outline of service required** |  |
| **Additional service user(s) needs** e.g. Specific Service Requirements **Please enter as many as applicable** |  |
| **Latest date by which the Activity is required** |  |
| **Closing date for provider submission** | Click here to enter a date. |
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**To be completed by Commissioning Team**

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| **Pricing Information** | **£0000 Total maximum** |

**Essential and Desirable Criteria**

**PROVIDERS MUST COMPLETE ALL GREEN SHADED AREAS OF THIS FORM**

**ALL essential criteria and a minimum of 50% of desirable criteria must be met by the Service Provider’s submission in order to pass this section and be considered for the placement contract.**

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| **Essential criteria**  | **Provider to tick if criteria can be met by the Service Provider** | **Provider to briefly indicate how the criteria will be met** |
| 1. Geographical Location of Service Delivery – **Bristol, BANES, S-GLOS N-SOMERSET or all areas**
 |[ ]   |
| 1. Type of Activities
 |[ ]   |
| 1. Number of service user to enter programme.
 |[ ]   |
| 1. Brief Description of Activity
 |[ ]   |
| 1. Expected outputs, (number of service users entering employment, education or training post intervention)
 |[ ]   |

Proposed Outcomes against programmes key performance indicators

Number of people enter on a job search

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| **Desirable criteria (PG team to populate)** | **Service Provider to tick if criteria can be met**  | **Provider to briefly indicate how the criteria will be met** |
| 1. Ability to add value to other areas to other areas of the WWFE programme
 |[ ]   |
| 1. What are the links to post intervention progression opportunities that you propose for your service users?
 |[ ]   |
| 1. How might this link to the development of best practice in specialist employment support
 |[ ]   |
| 1. How will your provision inform future strategic planning for We Work for Everyone?
 |[ ]   |

**Service User Details**

**PG Team to populate and complete**

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| **Brief outline of the requirement and the reason learning development assistance/placement is being sought** |
| Click here to enter text. |

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| **Any additional information** |
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**\* Note for completing ‘Important to’ sections:**

The things that are important to the person might be people, possessions, activities, places they like to go or aspects of their individual routines.

This comes from what the individual tells us, either in their words or through their behaviour, not what staff think is best for them.

**Outcomes**

**Expected MEASUREABLE Service User Outcomes from Placement**

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| **Outcomes expected**  | **By when?**(indicate date or time from placement e.g. 3 months from start of placement) |
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**Service Provider to Complete the Following:**

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| **Initials and KP/Framework number of the service user as detailed on Page 1** | Click here to enter text. |

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| **Name of your organisation as registered on the Dynamic Provider List** | Click here to enter text. |

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| **Proposed placement Details** |
| **Registered Name of provider** | Click here to enter text. |
| **Telephone number** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Contact person and contact details for this placement** | Click here to enter text. |
| **Name of Registered Manager**  | Click here to enter text. |
| **Registered Manager contact details** | Click here to enter text. |
| **Core staff ratio of staff to services placements (e.g. 1:4)** | Click here to enter text. |

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| **Please describe how the placement will meet the needs and outcomes of the service user in no more than 750 words** - excess wording will not be considered.You should specifically identify any tasks, needs and outcomes which would **not** be covered by core staffing and what,  |
| Click here to enter text. |

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| **Please provide below any other information regarding your provision that will be offered that will not be provided for this placement.**If these are not included in the bid price, this must be clearly stated. |
| Click here to enter text. |

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| **Please provide any information regarding any added value you will provide for this placement** |
| Click here to enter text. |

**PRICE**

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| **The WHOLE LIFE COST price bid for the referral(s), exclusive of VAT is:** | **£** Click here to enter text. |

**Service Providers are reminded that this price is inclusive of ALL service requirements.**

**ALL compliant Bids will be made available for consideration by We Work for Everyone procurement team.**

**Signed:**

**Name:**

**Designation:**

**Provider/Company Name:**

**Date:**