

SCHEDULE 5

INDIVIDUAL PLACEMENT AGREEMENT (IPA)

For the accommodation and where provided, support of young people aged 16-18.

This IPA is the individual contract which forms part of and is in accordance with the contract for the provision of accommodation and where applicable, support for young people aged 16-18, who have met the criteria and terms of the peninsula quality assurance framework, made between the provider and the purchaser. Its purpose is to bring within the scope of the contract the young person named below.

To comply with the contract the terms and conditions and service specifications must remain substantially unchanged, other than where a specific variation has been agreed as part of this contract.

1. The young person's details:

Family name	
First name	
Known as (if applicable)	
Unique reference number	
Date of birth	
Gender	
Legal status	

2. Parties to the IPA:

2.1 The Local Authority (the placing authority).

Name of organisation	Torbay Council
Address	Children's Brokerage Team, 1 st Floor, Tor Hill House, C/o Town Hall, Castle Circus, Torquay
Postcode	TQ1 3DR
Telephone	01803 208100
Email	Placements@torbay.gov.uk

2.2 The Provider (the independent agency).

Name of organisation	
Address	
Postcode	
Telephone	
Email	

NB: This agreement will supersede all other agreements signed in respect of the placement of the young person.

3. Placement Details.

3.1 Admission date (DD/MM/YYYY)

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3.2 The young person will be placed at the following provision address:

Name of provision	
Address	
Postcode	
Telephone	
Email	

Name of the registered manager

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Contact address for the registered manager	
Postcode	
Telephone	
Email	

The named young person may not be moved to another provision by the Provider without the prior approval of the Local Authority.

4. Key contacts for the young person.

4.1 For the purpose of the IPA, the named officers are as follows:

Allocated Social Worker or Leaving Care Worker.

Name			
Team Name	Team		
Based at	Floor, House, C/o Town Hall, Castle Circus, Torquay, TQ1 3DR		
Telephone	01803 20	Work mobile	
Email	@torbay.gov.uk		

Contracts or Placements Officer

Name	Charlotte Ashford		
Team Name	Brokerage Team		
Based at	1st Floor South, Tor Hill House, C/o Town Hall, Castle Circus, Torquay, TQ1 3DR		
Telephone	01803 208549	Work mobile	
Email	Placements@torbay.gov.uk		

Contact for reporting notifiable events

Name	As Above		
Team Name			
Based at			
Telephone		Work mobile	
Email			

Providers Finance Officer

Name			
Team Name			
Based at			
Telephone		Work mobile	
Email			

5. The expected duration of this placement.

Expected duration and intent	
Contract review date	

6. The Price.

The Local Authority shall pay the Provider the following sums:

	Per week
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6.1 Breakdown of the weekly cost

Standard accommodation		Per week
Support (if applicable)		Per week
Type of support (i.e. floating, on-site, etc.)		
Management/Administration (if applicable)		Per week
Transport/Activities (if applicable)		Per week
Number of support hours		Per week

7. Additional services to be provided and additional fees.

Please detail any additional services that are to be provided above the standard weekly placement cost and specify the additional fee. Please detail when the additional services shall start to be delivered and the review date.

Additional services to be provided	
Start date	Review date
Cost of additional services	£

8. Outcomes to be achieved for young person.

Please detail any specific outcomes which are to be prioritised for this young person.

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9. Invoices – Detail where the provider shall send invoices for the placement.

Name	Childrens Finance
Address	2 nd Floor North Tor Hill House C/O Town Hall Castle Circus Torquay
Postcode	TQ1 3DR
Telephone	01803 208436
Email	childrensfinance@torbay.gov.uk

10. Signatories – to agreement / approval for funding.

The Provider and the Local Authority agree to the placement at the named provision for the named young person in accordance with the details set out above. For the purposes of this Individual Placement Agreement, the date the placement commences may not be affected or altered in any way by the date of signature of this agreement.

Local Authority	
Name	
Position	
Signature	
Date	

Service Provider	
Name	
Position	
Signature	
Date	

11. Amendments and variations to this individual placement agreement.

Amendments and variations to the IPA must be made in writing by the requesting party and agreed by the Local Authority and the Provider in advance to the variation to the IPA taking effect.

Any variations to the services and costs must be detailed in an abridged version of the IPA, completing only the necessary sections that the amendment/variation will affect. The amended IPA will form part of the original IPA Agreement. The amended IPA must be signed by both parties (as per section 11 of the IPA) prior to any change in service and costs become payable under this agreement.