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| **INDIVIDUAL ASSESSMENT AGREEMENT (IAA)**  **FOR THE PROVISION OF A FOSTER CARER, SPECIAL GUARDIANSHIP OR CONNECTED PERSON ASSESSMENT** | | | |
| **THE PURPOSE OF THE IAA** | | | |
| This IAA is the individual Contract which forms part of and is in accordance with the Contract for the provision of foster carer, special guardianship and connected person assessments made between the Provider and the Purchaser.  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. | | | |
| **Type of Assessment** | |  | |
| **Carer to be assessed** | |  | |
| **Date IAA Issued** | |  | |
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| **1. PARTIES TO THE IPA** | | | |
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| **1.1 The Purchaser** | | | |
| **Name of Authority:** | Sandwell Metropolitan Borough Council | | |
| **Address:** | The Council House, Freeth Street, Oldbury, West Midlands. | | |
| **Postcode:** | B69 3DE | | |
| **Telephone:** | 0845 352 7517 | | |
| **Email:** | Joint\_commissioning@sandwell.gov.uk | | |
|  | | | |
| **1.2 The Provider** | | | |
| **Name of Organisation:**  (Registered Legal Entity) | | | Keys Independent Fostering Services Ltd |
| **Registered Company Number / Registered Charity Number:** | | | 9308934 |
| **Registered Provider business address:**  (as per legal entity details above) | | | 24, Bridge Street,  Newport, |
| **Postcode:** | | | NP20 4SF |
| **Telephone:** | 01633 264593 | | |
| **Email:** | [jack@independentchildrenservicesltd.co.uk](mailto:jack@independentchildrenservicesltd.co.uk) | | |

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| **2. CARER DETAILS** | | | | | | |
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| **Family Name:** | |  | | | | |
| **First Name:** | |  | | | | |
| **Known As (if applicable):** | |  | | | | |
| **SWIFT Identity Number:** | |  | | | | |
| **Date of Birth:** |  | | **Gender:** | **Male** | | **Female** |
| **Date of Birth:** |  | | **Gender:** | **Male** | | **Female** |
| **Assessment to be undertaken** | | | **Foster Carer** | | **SGO** | **Connected Person** |

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| **3. Assessment Details** | | |
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| **3.1 Allocation Date** | |  |
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| **3.2 Mid-Point Review Date** | |  |

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| **3.3 To be Completed by Date** |  |

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| **4. KEY CONTACTS** | | | |
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| **4.1 For the purpose of this IAA the named officers of the Purchasers are as follows:** | | | |
| **ALLOCATED SUPERVISING SOCIAL WORKER/ SOCIAL CARE CONTACT:** | | | |
| Name: |  | | |
| Based at: | Sandwell Council House, Freeth Street, Oldbury, West Midlands, B60 3DE. | | |
| Telephone: |  | Mobile: |  |
| E-mail: |  | | |
| |  |  |  |  | | --- | --- | --- | --- | | **ALLOCATED QUALITY ASSUARANCE OFFICER SOCIAL CARE CONTACT:** | | | | | Name: | Vidia Vytelingum | | | | Based at: | Sandwell Council House, Freeth Street, Oldbury, West Midlands, B60 3DE. | | | | Telephone: | 0845 252 8467 | Mobile: |  | | E-mail: | Vidia\_vytelingum@sandwell.gov.uk | | | | | | |
| **CONTRACTS OFFICER CONTACT:** | | | |
| Name: | Gaynor Martin | | |
| Based at: | Oldbury Council House, Freeth Street, Oldbury | | |
| Telephone: | 0845 352 7517 | Mobile: |  |
| E-mail: | Gaynor\_martin@sandwell.gov.uk | | |

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| **4.2 For the purpose of this IAA the named officer (s) of the Provider are as follows:** | | | |
| **PROVIDER CONTACT – ASSESSMENT** | | | |
| Name: | Jack Awatar | | |
| Based at: | 24, Bridge Street, Newport, NP20 4SF. | | |
| Telephone: | 01633 264891 | Mobile: |  |
| E-mail: | [jack@independentchildrenservicesltd.co.uk](mailto:jack@independentchildrenservicesltd.co.uk) | | |
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| **PROVIDER CONTACT – CONTRACTS** | | | |
| Name: | Marc Murphy | | |
| Based at: | Laganwood House, Newforge Lane, Belfast, BT9 5NW. | | |
| Telephone: | 02890 386050 | Mobile: |  |
| E-mail: |  | | |
|  | | | |
| **PROVIDER CONTACT – FINANCE** | | | |
| Name: | Nicola Fisher | | |
| Based at: | Laganwood House, Newforge Lane, Belfast, BT9 5NW. | | |
| Telephone: | 02890 386050 | Mobile: |  |
| E-mail: |  | | |

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| **5. THE PRICE** | |
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| **5.1 Total cost of assessment** | |
| **£** | |
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| **5.2 Breakdown of Cost** | |
| Assessment: | £ |
| Additional Services | £ |
|  | |
| **6 Variations to this Individual Assessment Agreement** | |
| Variations to this IAA must be made in writing by the requesting Party and agreed by the Provider and the Purchaser in advance.  Any variations to costs must be signed by both Parties’ Authorised Officers before additional costs will become payable under this Agreement. | |

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| **7. Signatories to Agreement / Approval for Funding:** | | | | |
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| The Provider and Purchaser agree to the placement in the named Children’s Home of the named Child in accordance with the details set out above. For the purposes of this Individual Placement Agreement, the Agreement Commencement Date is the date of actual admission of the Child to the Home. This condition and the Agreement in its entirety are not affected or altered in any way by the actual date of signature of this Agreement. | | | | |
| **7.1** | | | | |
| **PURCASHER:** | | | | |
| **NAME:** |  | | | |
| **POSITION:** |  | | | |
| **SIGNATURE:** |  | **DATE:** |  | |
|  | | | | |
| **7.5** | | | | |
| **PROVIDER:** | | | | |
| **NAME:** |  | | | |
| **POSITION:** |  | | | |
| **SIGNATURE:** |  | **DATE:** | |  |