# **Spot Purchase Agreement**

**IMPORTANT - Advocacy cannot take place until this agreement is received, which must include a purchase order reference**.

If this form isn’t returned within **three** weeks of the referral being made, then the case will be closed, and a new referral will be required. We are unable to proceed until this agreement has been returned.

By confirming this agreement you are authorising a minimum of 10 hours work on the case (16 hours for an RPR and 20 hours for a Community DoLS 1.2 rep), however you will only be charged for the hours worked if they are less than this (minimum charge of two hours if the case proceeds but the subsequent work is abortive). If additional hours are required, we will seek your authorisation. Hours include reasonable time setting up the case and triage as well as direct casework and associated admin and travel time.

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| Advocacy is provided at the rate of £44 per hour plus direct travel costs of 45p per mile. | |
| Service provided: | **Spot purchase of Advocacy**  Advocacy Type (e.g. RPR. IMCA. DoLS, Care Act, 1.2 Rep, Non-Statutory)  …………………………………………………………………………………………........... |
| Client name and your reference: (the client will be allocated a unique reference number by The Advocacy People which can be quoted if required):    …………………………………………………………………………………………........... | |
| Your purchase order number or reference required for payment:  **(essential field)** | |
| Any specific requirements not included with the referral:  e.g. frequency of RPR reports (e.g. after every visit): | |
| Name and title of person who will **authorise payment**: (please include phone number and email) | |
| Name and title of person completing if not entered above: | |
| Signature on behalf of commissioning person or body: Dated: | |