

## Children's Services

# Placements Northwest 16+ Leaving Care Accommodation and Support Dynamic Purchasing System

## Mini Competition Response Form

<b>ICS Number(s):</b>	
<b>Placement Type:</b>	Choose an item.

<b>Provider Name:</b>	
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## Section 1 - Quality / Match

### Instructions to bidders:

- Please answer the quality / matching questions below.
- The information that you submit is the primary source of information that will be used to assess the quality / match for this placement.

<b>Q1 – Quality / Match (60 marks)</b>			
<b>Briefly describe using bullet points how the proposed placement matches the needs of the young person described on the Referral Form.</b>			
<b>Young Person's Needs</b>	<b>How will the proposed placement meet the young person's needs/requirements</b>	<b>Strengths &amp; Risks</b>	<b>Can the Risk be adequately managed? How? Supports?</b>
<b>Geography: incl. placement location</b>			
<b>Placement Availability: incl. start date</b>			
<b>Placement Type</b>			
<b>Other household members</b>			
<b>Hours of Support</b>			
<b>Sibling relationships</b>			
<b>Contact Arrangements</b>			
<b>Young Person's Personality</b>			
<b>Identity, including religion</b>			
<b>Health and Development</b>			
<b>Emotional and Behavioural Development</b>			
<b>Education</b>			
<b>Young Person's views, wishes, feelings</b>			
<b>Additional needs / risks</b>			

## Section 2: Price

### Instructions to bidders:

- Please complete the Pricing Schedule below.
- All bidders must submit weekly prices.
- The price will be valid for this leaving care placement only.
- The number of hours of support will be reviewed on an ongoing basis (at least monthly) by the Social Worker / Personal Adviser and will be reduced over time, preparing the young person for independence. See the Full Referral Form for the initial number of hours of support required.
- The weekly rate will cover all costs and expenses including associated overhead and running costs, management, training, travel, Bank Holiday etc.

<b>Q2 – Price (40 marks)</b>	
<b>Weekly rate for services included within the Specification:</b>	£ per week
<b>If additional services were requested in the Full Referral Form, beyond the scope of the Specification, please detail these service(s) and breakdown of additional costs (if any) below:</b>	
	£ per week
<b>Total weekly rate for services</b>	£ per week <b>[A]</b>
<b>Discounts:</b>	
<b>Group living (to be applied where two or more young people referred from Cumbria are living together)</b>	£ per week
<b>Other discounts</b> (Please describe)	£ per week
<b>Total discounts</b>	£ per week <b>[B]</b>
<b>Total weekly rate [A minus B]</b>	£ per week