

SPOT ORDER FOR THE PURCHASE OF ADULT SOCIAL CARE RESIDENTIAL AND NURSING SERVICES



This Agreement is for the purchase of Services from the Service Provider, to support the Individual/Service User specified below, in accordance with the Overarching Contract for the Provision of Adult Care and Support Services, the Service, the Specification(s) and the Support plan between Surrey County Council (“the Council”) and the Service Provider.

Individual/ Service User’s Details

Client Number:	
Surname:	
Forenames:	
Start date of the Services:	
End date of the Services (if applicable):	

The Individual’s primary need is: (Please mark x where applicable)

- Older People:
- Physical and/or Sensory Disability:
- Learning Disability:
- Mental Health:

The Services being provided to the Individual are: (please mark x where applicable)

- Residential care:
- Residential dementia care:
- Nursing care:

Additional services to meet the Individual/Service User’s needs (if any): please provide details below. Details of end date if additional services are time limited.

Provider Details

Residential or Nursing Home Name and Address:	
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Advocate (if applicable)

Name:	
Address:	

Fees

Subject to the Terms and Conditions, the Council agrees to pay the following Fee (exclusive of any VAT payable) for the Services from the start date and until termination of this Spot Order/end date of the Services:

Standard weekly charge:	£
Additional Services:	£
Total cost per week:	£

Where contributions toward the Fee are paid direct to the Service Provider by a Service User or a third party, only the balance of the Fee shall be payable by the Council. The form for 'Third party contribution (top up) agreement for residential and nursing care placements' must be completed and signed by all parties. Please input applicable contributions below.

Individual/ Service User Contribution:	£
Third Party Contribution:	£
Balance to be paid by the Council:	£

Insurance

Insurance cover maintained by Service Provider for Service User's personal effects. The Service Provider shall ensure that the Individual/Service User is informed of the level of insurance cover maintained and informed that it is the Service User's responsibility to arrange any additional insurance required.

Maximum amount covered:	£
Exception (Items not covered):	
Risks covered: (e.g., theft only, all)	
Excesses to be paid by Individual/ Service User:	£

By signing this Spot Order, you agree to comply with the Terms and Conditions of the Overarching Contract for the Provision of Adult Care and Support Services, the Service Specification(s) and the Support plan which can be found at:

Signed for and on behalf of the Service Provider

Name:	
Role:	
Signature:	
Date:	

Signed for and on behalf of Surrey County Council

Name:	
Role:	
Social Care Team:	
Signature:	
Date:	

Every new placement must have an associated support/care plan and a copy must be retained by the Council with a copy of the Spot Order signed by both the Council and the Service Provider of the purchased Services.