**Children’s Services**

**New Supplier Checklist**

**Guidance to service providers**

Please complete:

* Section 1, complete all areas
* Section 2, please provide the documents requested

There will be a Quality Assurance visit undertaken to your service at a later date and also if there are any clarifications required on the proposed price of the service or any area of the on-boarding documents you will be contacted to discuss these.

**Section 1 Provider and Service details**

New provider company details

|  |  |
| --- | --- |
| Provider name |  |
| Company Number |  |
| Date  |  |
| Contact Name |  |
| Email |  |
| Telephone |  |
| Company website |  |

List of services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  Address | Ofsted URN | Latest Ofsted Rating | Further information on the service |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 2 Documentation for the provider to supply**

|  |  |
| --- | --- |
| **Document** | **ECC Received Yes/No** |
| Copy of your proposed pricing structure to meet the outcomes of an Essex County Council placed service users, including a completed fee breakdown.  |  |
| An original signed letter (signed by a Director within the organisation) on company headed paper showing:* Company address.
* Company name
* Registered address
* Company registration number
* Bank name / address, account name, account sort code, account number and invoicing address
 |  |
| Copy of void cheque to confirm bank account details |  |
| A full set of accounts, audited where required by law, for the most recent two years of trading including: * Auditor’s Report (if applicable)
* Accountant’s report (if no Audit required)
* Director’s Report (where applicable)
* Balance Sheet
* Profit and Loss Account and all available Notes to the Accounts.
 |  |
| Copy of ICO certificate (Information Commissioners Office) |  |
| Copy of insurance documents for:* Public liability
* Employer liability
* Professional indemnity
 |  |
| Copy of insurance documents for:* Residents effects cover
* Building & Contents insurance
* Vehicle insurance
 |  |
| Please provide a copy of your statement of purpose |  |
| Please provide copies of the following policies:* Safeguarding policy
* Recruitment policy
* Anti-Bullying policy
* Missing in care policy
* Health and Safety policy
* Data protection policy
* Equality policy
* Children’s rights policy
* Staff training and supervision
* Quality Assurance Policy
 |  |

**Section 3 Result of Quality Audit (ECC Only)**

|  |  |
| --- | --- |
| Date Quality Assurance visit carried out |  |
| Name and address of the service visited |  |
| Quality Assurance carried out by |  |
| Outcome of Quality Assurance Visit |  |

**Section 4 Price Best Value Assessment & Comments on Section 1, 2 & new supplier questionnaire (ECC Only)**

|  |  |
| --- | --- |
| Detail of providers fee |  |
| Best value view of the fee |  |
| Comments on sections 1, 2 & new supplier questionnaire |  |
| Best value assessment carried out by |  |

**Section 5 Recommendation to on-board new provider**

|  |  |
| --- | --- |
| Quality Assurance recommendation |  |
| Commercial recommendation |  |
| Name of ECC manager agreeing to on-board |  |
| Signature of manager agreeing |  |
| Date agreed |  |