

**QA02**

**Alternative Provision Due Diligence Form**

|  |
| --- |
| **Provider Details**  |
| **Provider/Business Name:** |  |
| **Business Address:** |  |
| **Provider Contact** **Details:**  |  |
| **Type of Business:** (Sole Trader, Limited Company etc) |  |
| **Companies House CRN /VAT number:** |  |
| **Ofsted Registration Number:** |  |
| **UKPRN Identifier:** |  |
| **Department of Education Number:** |  |
| **Is the education base rented/mortgaged? Is there a risk of the provision not having a base?** |  |
| **Provision Type:** Please identify the area of need and the type of provision. | [ ] **Cognition and Learning**[ ] Tutoring off-site[ ] Tutoring on-site[ ] Online tutoring[ ] Educational Psychology[ ] 1-1 ABA approach[ ] **Communication and Interaction**[ ] Speech and Language Therapy[ ] Educational Psychology[ ] 1-1 ABA approach[ ] **Sensory and Physical**[ ] Occupational Therapy[ ] Physiotherapy[ ] Leisure [ ] **Social, Emotional and Mental Health**[ ] Play Therapy[ ] Outdoor learning (e.g. forest school)[ ] Art Therapy[ ] Mentoring/ Re-engagement to mainstream[ ] **Other (please specify**)………………………….. |

|  |  |
| --- | --- |
| **Please give a brief outline of the provision you offer for pupils attending your provision:** |  |
| **What age range do you cater for:** | [ ] **Pre-school** [ ] **Key Stage 1 (ages 4-7)**[ ] **Key Stage 2 (ages 7-11)**[ ] **Key Stage 3 (ages 11-14)**[ ] **Key Stage 4 (ages 14-16)**[ ] **Post 16** |
| **Do you offer provision during school holidays?** | [ ] **Yes (please provide more detail in the additional comments box at the end)**[ ] **No** |
| **Professional Information:**  |
| **Accreditations and Qualifications:** |  |
| **For providers with more than 1 member of staff-** What are the required qualifications, accreditations and professional memberships required for staff to deliver the provision? |  |
| **Please attach staff list and qualifications** |  |
| **Registrations / Quality Assurance**  |
| The individual or organisation is registered with (please tick all that apply): [ ]  Department for Education   ☐ QTS  [ ]  Care Quality Commission [ ]  Health and Care Professions Council  [ ]  Chartered Society of Physiotherapy [ ]  Royal College of Occupational Therapists [ ]  Royal College of Speech and Language Therapists [ ]  Children’s Cross Regional Arrangements Group  [ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| **DBS and Safeguarding** |
| Do all staff working with the children have an enhanced DBS in place? |  |
| Do you have a safeguarding policy in place? |  |

| **Provision Details:**  |
| --- |
| How are pupil’s targets chosen? |
|  |
| How is progress measured and how often is this information shared with the referrer?(e.g. EHCP Outcomes / Annual reviews / Internal Methods of monitoring learning objectives)? |
|  |
| How is attendance and non-attendance recorded? |  |
| If relevant, please give details of the curriculum offer (e.g. core subjects, functional skills, qualifications, Key Stages, GCSEs etc) |  |
| What is the staff to pupil ratio? |  |
| Details of additional training and qualifications for staff (eg- Staff are trained in first aid, safeguarding, lone working etc) |  |
| Are you a registered exam centre or do you have access to one? If not, what are your examination arrangements? |  |
| Are you able to support young people with careers, post 16 education options and preparation for adulthood? If so, please detail: |  |
| Please tick any training staff have had in the following areas:  | [ ] Physical restraint/positive behaviour management strategies[ ] Mental Health First Aider (or equivalent)[ ] Therapeutic services (please state which below) |
| If relevant, please give a brief description of the therapeutic service you offer, including details of specialisms. |  |
| **Involvements**  |
| Location of the sessions? |  |
| Duration of the sessions? Please state the minimum and maximum time a pupil can access the provision. |  |
| Do you have an established reintegration process when it comes to ensuring young people can return to full time education? If so, please detail: |  |
| **Costs** |
| Cost per hour/session (please give session length): |  |
| Cost for assessments if offered (please detail type of assessment) |  |
| Are there any additional costs associated with the service? |  |

|  |
| --- |
| **Referrals** |
| How do you receive referrals? |  |
| **Any Additional Information:** |
|  |
| Completed by: |  |
| Date: |  |

**When returning this form, please also send the following documents-**

* ***Safeguarding and Child Protection Policy***
* ***Liability Insurance***
* ***GDPR Policy***
* ***Health and Safety***

**Version Control –Version Sept 2024**