

**QA02**

**Alternative Provision Due Diligence Form**

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| **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**)………………………….. |

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| **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:** | | |
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| How are pupil’s targets chosen? | | |
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| 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? |  | |

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| **Referrals** | | | |
| How do you receive referrals? |  | | |
| **Any Additional Information:** | | | |
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| 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***

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