

# High Needs Students Due Diligence Annex 3 – Commissioning Local Authority Details Form

## Local Authority Information

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| **Local Authority name:** |               |
| **Address:** |            |
| **Postcode:** |               |
| **Name of institution included within high needs place change notification workbook:** |            |

## Primary Contact at Local Authority

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| --- | --- |
| **Title:** |               |
| **First name:** |            |
| **Surname:** |               |
| **Direct Telephone Number:** |            |
| **Business Email Address:** |            |

## Proposed Student Cohort and Provision

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| **Please provide confirmation on the number of students you will commission at the institution and how many of these students hold an EHC plan:**  |
| **What is the age range of these students?**Pre-16 [ ] 16-18 [ ] 19-24 [ ]  |
| **Has the institution been named on each of the student's education, health and care plans?**Yes [ ] No [ ]  |
| **Please provide a statement to evidence the rationale for placing students at the institution** |
| **Please provide details on the amount of top up funding you have agreed to allocate to the institution**  |
| **Has the institution actively traded for a minimum of three months and able to supply management accounts for that period. For an institution that has actively traded for a minimum of three months but not produced its first set of financial statements, it must supply its management accounts detailing actual trade to date and be supplemented with forecast information to equal a minimum of twelve months of financial information.** |

## Terms and Conditions

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| **I can confirm that the information provided is correct**Signed           Print name           Date            |

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| Please email this completed form to: HNSduediligence.esfa@education.gov.uk |
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