

SPOT ORDER FOR THE PURCHASE OF ADULT SOCIAL CARE

Summary and cost of Service to be provided (per person per week)	No. of hours	Hourly rate	Cost (weekly)
Shared Daytime Standard Support:			
Sleep-ins Standard:			
Or Shared Waking Nights Standard:			
By exception/ time limited: Individual Daytime Standard Support			
By exception/ time limited: Individual Waking Nights Standard (where shared waking nights are not part of the core offering)			
Total weekly cost:			£

Correspondence relating to this Spot Order should be sent to the referring team/social care worker.

Name of Social Care worker	
Referring team	
Tel Number	
Email Address	

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
Surrey County Council:**

**Signed for and on behalf of the
Service Provider:**

Signed:

Signed:

Print Name:

Print Name:

Designation of authorised signatory:

Designation of authorised signatory:

Date: