



## Provider Details

Residential or Nursing Home Name and Address:	
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## Advocate (if applicable)

Name:	
Address:	

## Fees

Subject to the Terms and Conditions, the Council agrees to pay the following Fee (exclusive of any VAT payable) for the Services from the start date and until termination of this Spot Order/end date of the Services:

Standard weekly charge:	£
Additional Services:	£
Total cost per week:	£

Where contributions toward the Fee are paid direct to the Service Provider by a Service User or a third party, only the balance of the Fee shall be payable by the Council. The form for

must be completed and signed by all parties. Please input applicable contributions below.

Individual/ Service User Contribution:	£
Third Party Contribution:	£
Balance to be paid by the Council:	£

