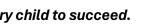
## **Equal Endeavours SEND Consultancy**

T: 07926 598500

E: equalendeavours@outlook.com W: www.equalendeavours.com

Creating equal opportunities for every child to succeed.

Individual Clients:



## Fees for the period April 2025 – April 2026

#### The Service:

Equal Endeavours is a small team of highly experienced independent consultants addressing the needs of all aspects of Special Educational Needs and Disabilities, with specialty in primary mainstream education.

Within our services offer flexible payment options for individual clients as well as monthly invoicing.

#### **Cancellations:**

We understand that at times appointments need to be cancelled for a variety of reasons. Please make contact as soon as possible to cancel any appointments; an email or text message is preferred. 24 hours cancellation is required from clients in order to not incur a missed appointment charge. If appointments are not kept, then the time set aside for the whole appointment will be charged, this may include travel fees if applicable.

### **Payment Options:**

Bank: HSBC

Name: Equal Endeavours

Sort Code: 40-45-19

Account Number: 23817024

#### www.equalendeavours.com/payments

Accounts are all payable within thirty days of the invoice date. A late payment charge of 15% of the invoice total will be added to your invoice for any part of days which remain unpaid. This charge will apply to all unpaid invoices from days 31-60. If the invoice is still outstanding after day 60 we will pass outstanding invoices to an agency for recovery.

#### **Administrative Work:**

Due to the complex nature of some clients additional non-contract work is often required in the dealing with involved complex issues. This will incur an additional charge when dealing with quite lengthy work such as but not limited to, reports from Educational Psychologists, Occupational Therapy, Physiotherapy.

#### **Data Protection / GDPR:**

Consultations are treated as confidential. We are required by law to make a record of the support provided. You have a right to request to see these records and Equal Endeavours prides itself on an honest and transparent service. Records will be stored securely for a period of 3 years, following the date of the final invoice/ payment.

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## Fees for the period: April 2025 - April 2026

At times it may be necessary to share some information relating to your case with third parties such as outside agencies already involved with the case and the Local Authority. Further in the event of a safeguarding concern we have a legal obligation to report such matters. All staff are DBS checked and have full DBS clearance.

## **Pricing Structure:**

Initial Consultation – up to 30 mins – no charge; virtual preferred. If face to face, travel fees apply.

### **Consultation Package £400 Includes:**

- Parental meeting (up to 1.5 hours)
- Observation of child (up to 1.5 hours)
- Review of case documents
- Written case report and follow up phone call (up to 30 mins)

Continuing Consultation (beyond 30 mins): £60 per hour.

### **EHCP Support Package Initial £400 includes:**

- Reviewing of case evidence and reports
- Attendance at meeting (up to 2 hours) to support parents
- Liaise with school/ Local Authority on behalf of parents

# EHCP Support Package Full £1000 includes:

 All of the above plus collation of reports and evidence, preparation and submission of EHCP Needs Assessment to relevant Local Authority.

### **Additional Add-ons:**

- Attendance at meetings (up to 2 hours) £100
- Report Writing (up to 5 hours) £300

# Continuing Support Package: £250 per month\*

For parents who require ongoing support, includes:

- Phone calls (up to 3 hours per month)
- Meeting attendance (up to 3 hours per month)
- Report writing (up to 3 hours per month)
- Continuing Support Package, not applicable for mediation/tribunal cases. Please contact us directly if requiring mediation/tribunal services.

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## Travel:

Mileage: 55 pence per mile

Charges as set out above are reviewed on an annual basis but not limited to this. Advance notice of any change is given to clients.

# **Acceptance of Terms and Conditions**

Client Name:	DOB:
Client Representative Name:	
Relationship to Client:	Has
	PR:
l,	have read and understood the terms and conditions set
	out.
Signed:	Date: