**Direct Payment**

**CONFIDENTIAL REGISTRATION FORM**

Brickworks Community Centre• 42 Crouch Hill • London • N4 4BY

T: 020 7686 0253 F: 020 7686 0254 [**www.specialpeople.org.uk**](http://www.specialpeople.org.uk)

**PLEASE USE BLOCK CAPITALS**

|  |  |  |
| --- | --- | --- |
|  | today’s DATE:  |  |
| Name of Service User (Client Name) : |   |
| Date Date of Birth (DD/mm/yyyy) :  |       |
| NAME of Parent/Guardian :  |       |
| HOME ADDRESS :    |       |
| POST CODE :  |       | EMAIL :  |       |
| HOME no:  |       | mOBILE nO:  |       |
| NAME OF PERSON TO CONTACT IN AN EMERGENCY(relationship to client) :  |       |
| contact no :  |       |
|  |
| PLEASE GIVE A DESCRIPTION OF THE SERVICE USER’S DIAGNOSIS / SPECIAL NEEDS |
|        |
|  |
| PLEASE GIVE DETAILS OF ANY MEDICATION THE SERVICE USER REQUIRES AND / OR INFORMATION REGARDING CLINICAL PROCEDURES THE SUPPORT WORKER MAY BE REQUIRED TO CARRY OUT: |
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| **CONFIDENTIAL REGISTRATION FORM (PAGE 2)** |
| DOES THE SERVICE USER DISPLAY ANY BEHAVIOURS THAT THE SUPPORT WORKER NEEDS TO BE AWARE OF? |
|       |
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| DOES THE SERVICE USER HAVE ANY ALLERGIES / SPECIAL DIETARY REQUIREMENTS? |
|       |
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| PLEASE PROVIDE DETAILS OF ANY OTHER SPECIFIC REQUIREMENTS: |
|       |
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| PLEASE GIVE AN OUTLINE OF THE OBJECTIVES OF THE SUPPORT PACKAGE / DETAILS OF ACTIVITIES THE SUPPORTWORKER WILL BE UNDERTAKING WHILST WITH THE SERVICE USER: |
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| **CONFIDENTIAL REGISTRATION FORM (PAGE 3)** |
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| PLEASE STATE TIMES AND DAYS OF SERVICE REQUIREMENT |
| MONDAY | TIMES: |       |
| TUESDAY | TIMES: |       |
| WEDNESDAY | TIMES: |       |
| THURSDAY | TIMES: |       |
| FRIDAY | TIMES: |       |
| SATURDAY | TIMES: |       |
| SUNDAY | TIMES: |       |
|  |
| dATE SERVICES are TO COMMENCE: | TO END: |
|        |        |
|  |
| SIGNATURE: | DATE: |
|  |       |
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| **Direct Payments rates to clients** |
|  | **from 1st April 2016** |
| **Type** | **Time** | **charge per hour £** |
| weekday | 07:00 – 23:00 | 14.00 |
| weekend | 07:00 – 23:00 | 17.45 |
| weekday night | 23:00 – 07:00 | 19.85 |
| weekend night | 23:00 – 07:00 | 26.50 |
| enhanced weekday | 07:00 – 23:00 | 17.50 |
| enhanced weekend | 07:00 – 23:00 | 21.00 |
| enhanced weekday night | 23:00 – 07:00 | 23.15 |
| enhanced weekend night | 23:00 – 07:00 | 29.75 |
| asleep weekday night | 23:00 – 07:00 | 14.18 |
| asleep weekend night | 23:00 – 07:00 | 18.90 |
| bank holiday day | 07:00 – 23:00 | 25.20 |
| bank holiday night | 23:00 – 07:00 | 37.80 |
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| **CONFIDENTIAL REGISTRATION FORM (PAGE 4)** |
| **Direct Payments Scheme Contract**This Contract is made between: The Supplier:  **Special People**  **Brickworks Community Centre. 42 Crouch Hill, London. N4 4BY**  The Client:  Contract Commencement:  * Special People will act as the employers of the assigned staff member and will take responsibility for all aspects of PAYE, National Insurance, Holiday pay and Employer’s Liability Insurance.
* The assigned staff member will provide a timesheet at the end of each shift which must be signed by the client on the relevant day.
* Clients will be invoiced on a weekly basis following the week in which they received a service from Special People. Special People reserve the right to periodically review charges.
* Payment terms are strictly 30 days. Cheques should be made payable to ‘Special People’. If you would prefer to pay online via BACs transfer; please contact us for our bank details, or we take credit/debit card payments over the phone (we charge 50p for all card transactions).
* Special People reserve the right to terminate services if payment is not received within the agreed term of 30 days.
* The Client must agree to Special People policies relating to cancellation, equal opportunities and health &safety. Failure to do so could result in termination of the service.
* The Client must provide a job specification and the assigned staff member must be informed of this.

I agree to abide by the Terms and Conditions stated above:Signed: …………………………………………… Date:…………………. For and on behalf of the ClientReceived: …………………………………………… Date:………………….  For and on behalf of Special People |
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| Please print and sign both **Service Request Form and Contract**, then you can either fax/post it to the address above.Or alternatively you can scan and email to us at info@specialpeople.org.ukIf you need assistance please do not hesitate to call us. |