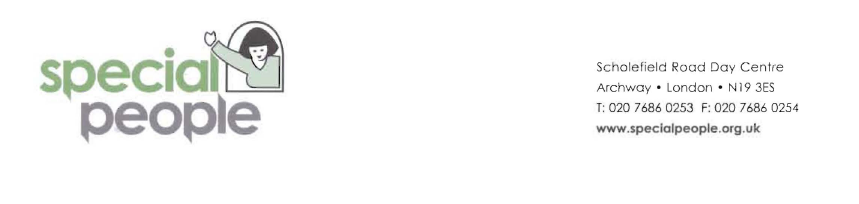
**Direct Payment**

**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: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **CONFIDENTIAL REGISTRATION FORM (PAGE 2)** | | | | | | | | | | | | | | | |
| DOES THE SERVICE USER DISPLAY ANY BEHAVIOURS THAT THE SUPPORT WORKER NEEDS TO BE AWARE OF? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| DOES THE SERVICE USER HAVE ANY ALLERGIES / SPECIAL DIETARY REQUIREMENTS? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| PLEASE PROVIDE DETAILS OF ANY OTHER SPECIFIC REQUIREMENTS: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| PLEASE GIVE AN OUTLINE OF THE OBJECTIVES OF THE SUPPORT PACKAGE / DETAILS OF ACTIVITIES THE SUPPORT  WORKER WILL BE UNDERTAKING WHILST WITH THE SERVICE USER: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **CONFIDENTIAL REGISTRATION FORM (PAGE 3)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 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: | | | | | | |
|  | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | |  | | | |  |
| **Direct Payments rates to clients** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | **from 1st April 20-21** | | |
| **Type** | | | | | **Time** | | | | | | | | **charge per hour £** | | |
| weekday | | | | | 07:00 – 23:00 | | | | | | | | 15.05 | | |
| weekend | | | | | 07:00 – 23:00 | | | | | | | | 18.76 | | |
| weekday night | | | | | 23:00 – 07:00 | | | | | | | | 21.34 | | |
| weekend night | | | | | 23:00 – 07:00 | | | | | | | | 28.49 | | |
| enhanced weekday | | | | | 07:00 – 23:00 | | | | | | | | 18.81 | | |
| enhanced weekend | | | | | 07:00 – 23:00 | | | | | | | | 22.58 | | |
| enhanced weekday night | | | | | 23:00 – 07:00 | | | | | | | | 24.89 | | |
| enhanced weekend night | | | | | 23:00 – 07:00 | | | | | | | | 31.98 | | |
| asleep weekday night | | | | | 23:00 – 07:00 | | | | | | | | 15.24 | | |
| asleep weekend night | | | | | 23:00 – 07:00 | | | | | | | | 20.32 | | |
| bank holiday day | | | | | 07:00 – 23:00 | | | | | | | | 27.09 | | |
| bank holiday night | | | | | 23:00 – 07:00 | | | | | | | | 40.64 | | |
|  | | | | |  | | | | | | | |  | | |
|  | | | | |  | | | | | | | |  | | |
|  | | | | |  | | | | | | | |  | | |
|  | | | | |  | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **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. * 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 Client  Received: …………………………………………… Date:………………….  For and on behalf of Special People | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Please print and sign both **Service Request Form and Contract**, then you can either post it to the address above.  or alternatively you can scan and email to us at [hr@specialpeople.org.uk](mailto:hr@specialpeople.org.uk)  If you need assistance please do not hesitate to call us. | | | | | | | | | | | | | | | |