

Direct Payment

CONFIDENTIAL REGISTRATION FORM

The Laundry Club • Sparsholt Road • London • N19 4EL
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PLEASE USE BLOCK CAPITALS

TODAY'S DATE:

NAME OF SERVICE USER (CLIENT NAME) :

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 :

TELEPHONE :

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:

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 REQUIREMENT?

PLEASE PROVIDE DETAILS OF ANY OTHER SPECIFIC REQUIREMENT:

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:

PLEASE STATE TIMES AND DAYS OF SERVICE REQUIREMENT

MONDAY TIMES:

TUESDAY TIMES:

WEDNESDAY TIMES:

THURSDAY TIMES:

FRIDAY TIMES:

SATURDAY TIMES:

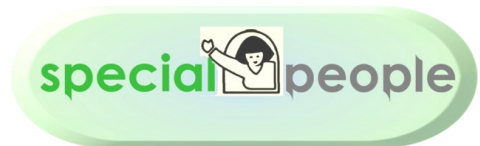
SUNDAY TIMES:

DATE SERVICES IS TO COMMENCE:

TO END:

SIGNATURE:

DATE:



DIRECT PAYMENTS RATES TO CLIENTS			
		APRIL 2009	FROM 1ST APRIL 2010
TYPE	TIME	CHARGE £	CHARGE £
WEEKDAY	07:00 – 23:00	12.60	13.20
WEEKEND	07:00 – 23:00	15.75	16.45
WEEKDAY NIGHT	23:00 – 07:00	18.90	19.85
WEEKEND NIGHT	23:00 – 07:00	25.20	26.50
ENHANCED WEEKDAY	07:00 – 23:00	15.75	15.75
ENHANCED WEEKEND	07:00 – 23:00	18.90	18.90
ENHANCED WEEKDAY NIGHT	23:00 – 07:00	22.05	22.05
ENHANCED WEEKEND NIGHT	23:00 – 07:00	28.35	28.35
ASLEEP WEEKDAY NIGHT	23:00 – 07:00	14.18	14.18
ASLEEP WEEKEND NIGHT	23:00 – 07:00	18.90	18.90
BANK HOLIDAY DAY	07:00 – 23:00	25.20	25.20
BANK HOLIDAY NIGHT	23:00 – 07:00	37.80	37.80

Direct Payments Scheme Contract

This Contract is made between:

The Supplier: **Special People**
The Laundry Club, Sparsholt Road, London N19 4EL

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 14 days.
- Special People reserve the right to terminate services if payment is not received within the agreed term of 14 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 fax/post it to the address above. Or alternatively you can scan and email to us at info@specialpeople.org.uk
If you need assistant please do not hesitate to call us.