

Support with Confidence

Personal Assistant Application Form & Data Protection Statement



Support with
Confidence



Brighton & Hove
City Council

Data Protection

Please note that in order to be registered on the Support with Confidence Approved Register all of the information that we request must be provided and checks will be carried out to verify it. However, only the following details will be displayed to the public:

- Your first name, approval number, telephone number and email address
- Date of your Enhanced Disclosure & Barring check clearance
- All training undertaken and dates
- Availability (including where you want to work and if you are a car driver)
- Approximate charges

The remaining information will be held securely, in an electronic format, by Brighton & Hove City Council for a period of five years from the date of approval. The information that you provide will only be used for Support with Confidence purposes.



Welcome

Thank you for contacting us about becoming an approved Personal Assistant. If you have any queries or questions about the Support with Confidence scheme or this form please contact:

Support with Confidence
Trading Standards
2nd Floor, Bartholomew House
Bartholomew Square
Brighton
BN1 1JE

Telephone us: 01273 292494

Email us: supportwithconfidence@brighton-hove.gov.uk

Visit us: www.brighton-hove.gov.uk/supportwithconfidence



Personal Contact Details

Your Full Name

Please give details of any former names

Date of Birth

National Insurance No.

Your Address

Postcode

Please provide five years address history

Landline number

Mobile

Email

Do you have any restrictions on your ability to work in the UK ?

Yes

No

Adult Protection Checks

Please note that if you have been convicted of any of the following offences your application will not be approved:

- Any offence against children, young people or vulnerable adults
 - Murder
 - Offences involving serious violence or threats of violence
 - Offences involving serious theft or fraud where duties allow access to substantial financial resources
 - Sexual offences of any nature
 - Serious burglary or arson, where duties involve substantial responsibility for security of buildings or equipment
 - If you have been placed onto the following lists
 - 1) Protection of Vulnerable Adults List (POVA)
 - 2) Protection of Children's Act List (POCA)
 - 3) Section 142 of the Education Act (List 99)
- For all other offences appointment is subject to a risk assessment.

Rehabilitation of offenders act 1974 and exception order 1975

The role you are applying for is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

This means you cannot withhold information about any conviction. All information given will be verified against a returned Enhanced DBS check. The term “conviction” relates to a finding of guilt following a hearing in a court of law, including Courts Martial. Prospective employees for jobs exempt from the Rehabilitation of Offenders Act working with children or vulnerable adults will also be asked to declare official warnings, reprimands, registration as a sex offender, cautions, bindovers and other relevant matters. If you are Approved, not disclosing such convictions could result in us taking you off of the Approved list. Any information given will be completely confidential and will be considered only in relation to an applicant for a role to which the Order applies. Have you ever been subject to any Police warnings, reprimands, cautions, convictions,

Yes

No

If Yes what are they? Please give all information including date(s).

A Risk Assessment will then be carried out.

Failure to give this information will mean that your application will be refused.

Rehabilitation of Offenders Act 1974 and exception order

Are you willing to have an Enhanced Disclosure & Barring check carried out? The Council will pay the fee.

Yes

No

Please note that responding "No" to this question will mean that your application for approval will be refused.

References

Please supply the names, postal addresses and/or email addresses of two referees, one of whom should be your most recent employer. However, if you have not been previously employed, give one reference from a professional member of your local community and the other a personal reference.

Please note: Approval cannot be confirmed unless we are in receipt of 2 references, as deemed satisfactory by Brighton & Hove City Council.

Reference 1

Reference 2

Employment

If you are a car driver, is your car insured for business use?

Yes

No

Training

Have you previously undertaken Induction Training with an Approved Home Care Provider?

Yes

No

Can you supply copies of certificates for training undertaken?

Yes

No

Have you undertaken NVQ level training?

Yes

No

If you have answered Yes to any of the above please give details.

Please use another sheet of paper if you need to and label it with Training

If required, would you be willing to undertake free Induction Training as provided by the Approved Home Care Provider?

Yes

No

Please note that refusal will mean that your application for approval will be refused.

Availability

Times of day - what time would you prefer to start and finish work, please indicate whether am or pm?

Start

10am (for example)

Finish

5pm (for example)

How many hours a week do you want to work?

How many days a week do you want to work?

Are you available to work on Saturday and Sunday?

Yes

No

Are you able to work during school holidays?

Yes

No

Are you available for emergency short notice cover?

Yes

No

Which geographical area will you cover?

Availability *continued...*

Do you drive a car? *If Yes, please provide a copy of your driving licence.*

Yes No

Do you have the use of a car for work purposes?

Yes No

Have you any driving convictions? *If yes, please provide a copy of your insurance*

Yes No

If Yes what are they? *Please give all information including date(s)*

Specialisation

Do you have any specialist skills or experience particularly related to care that you wish to use?

Yes No

If Yes please give details. (This information will appear on your profile).

Please use another sheet of paper if you need to and label it with Specialisation

Legislation Checks

Do you currently advertise your services?

Yes No

If Yes, please specify where

If you do please supply copies of advertisements you use, or indicate where you advertise if you are not able to send copies.

Charges - *It is acceptable for approximate charges to be entered here, however all charges must be made clear to Clients, in writing, before service delivery begins*

What hourly rate will you require?

£

Will this include mileage? If not how much per mile will you require?

Yes No £

Will a short notice fee be charged? This is a fixed amount for accepting a non scheduled appointment.

Yes No £

Any additional comments:

Other Information

Do you have any particular needs or medical conditions that the service user should know about?

Yes No

If so please specify:

If you wish to add any further information about yourself, please enter it here. (This information will appear on your profile).

Please use another sheet of paper if you need to and label it with Further Information

Terms & Conditions of Approval

On being accepted as an approved Personal Assistant you agree to deliver services in accordance with the Terms and Conditions as specified in the Code of Conduct. Quality monitoring will take place to ensure Client safety and satisfaction; a random check may be carried out by Brighton & Hove City Council on any services which you deliver. The information given in this form will be reviewed and updated annually. If complaints are received by Brighton & Hove City Council, then your name may be temporarily removed from the Support with Confidence Approved Register whilst the complaint is being investigated by Brighton and Hove City Council and may be permanently deleted from it if the content of those complaints are proved to be true. Do you agree to these terms and conditions?

Yes

No

Please note that responding "No" to this question will mean that your application for approval will be refused.

Print name:

Signature:

Date:

Thank you for taking the time to complete this questionnaire, your application for approval will be processed as soon as possible.

You must send with this application copies of two forms of ID, one of which must be a photo ID plus copies of all relevant training certificates.

If you have any visa restrictions you must provide a copy of your passport and any other relevant documentation.

Thank you.

Contact us

Please contact the Support with Confidence Team if you have comments, compliments or complaints about any of our activities.

Support with Confidence

Trading Standards

2nd Floor, Bartholomew House

Bartholomew Square

Brighton

BN1 1JE

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Alternative formats of this publication can be made available on request. These include other languages, large print, Braille or audiotape. Please telephone 01273 292494.



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The logo for Brighton & Hove City Council features a stylized white building with three towers on a purple background, with the text 'Brighton & Hove City Council' below it.

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City Council