



Support with
Confidence
EAST SUSSEX COUNTY COUNCIL



Personal Assistant Application & Data Protection Statement

Please return this completed form to:

Support With Confidence Team
A Floor, North Block, County Hall
St Anne's Crescent, Lewes
East Sussex, BN7 1UE

Email: supportwithconfidence@eastsussex.gov.uk **Phone Enquiries:** 01323 463440

Thank you for contacting us about becoming a member of our Support with Confidence scheme. This form is also available to download from the following link:

<https://new.eastsussex.gov.uk/socialcare/providers/promoting/join-swc/apply-to-join/>

Membership Fee

A membership fee is required for all applications to the scheme. This is payable at the start of the application process and covers the costs of joining the scheme, including the administration of your application and completion of all background checks prior to approval.

Cheques should be made payable to "East Sussex County Council". For payments made by debit/credit card please contact the SWC team on the above phone number.

For further information on the current membership fees, please see the Charging Information document, within the application pack sent to you

Completing the form

All fields on this form are mandatory. Any missing or incomplete information may delay the processing of your application. If you require more space to provide any details please refer to the *Additional Details Section* at the end of this document.

If submitting by post, please print and sign the form and post it with the application fee.

Each application is taken on a case by case basis. We aim to get applications through each stage as efficiently as possible. The approval process will therefore be dependent on certain factors such as completion of background checks, training availability, and how quickly outstanding actions are completed.

For further information on the accreditation process, please refer to the Support with Confidence Accreditation Process Summary document which was sent to you in your application pack

IF COMPLETING BY HAND, PLEASE PRINT ALL DETAILS

Contact Details

The information provided here is for the application process only. You will have an opportunity to refresh the contact information for your public listing upon acceptance onto the scheme.

Title:			
Your name: <i>inc all middle names; please underline surname</i>			
Any previous names: <i>(If yes please provide details incl. dates)</i>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>
	Date From: MM/YYYY	Date to: MM/YYYY	
	Date From: MM/YYYY	Date to: MM/YYYY	
Date of Birth:			
Trading Name: <i>(If not your full name)</i>			
Telephone Number: Mobile: Email: <i>(This is a requirement for processing eDBS forms)</i>			
Website:			
Current Address: <i>Please include the date from</i> <i>(If your premises is outside East Sussex, please contact us)</i>	Postcode:	Date From: MM/YYYY	

*If you have resided at the address above for less than 5 years please provide a list of all residencies, including dates, to cover the last 5 year period, using the **'Additional Details'** section at the end of this document.*

Background Information

What is your motivation for applying to the East Sussex Support with Confidence scheme?	
How did you hear of the scheme?	

Transport

Do you drive a car? <i>If yes, please provide a copy of your licence at interview</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the car insured for business use and does it include the necessary cover for transporting your clients, if this is part of the services you offer as a PA? <i>If yes, please send a copy of your certificate with this application</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any driving convictions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If yes, please provide details</i>				

Service Provision

Please indicate the specific services you intend to provide:

Domestic Duties	Vacuuming, Dusting, Bathroom / Kitchen Cleaning, Laundry, Ironing, Washing up, Room tidying etc.	<input type="checkbox"/>
Garden Maintenance	Light duties only – Lawn mowing, Weeding. <i>If you have a special interest in gardening or can provide more specialised gardening services please note below</i>	<input type="checkbox"/>
Home Meal Preparation	Preparation of food either assisting cooking, full cooking service or helping in preparation of cold and or ready made meals	<input type="checkbox"/>
Live in Service	Could include a few or all of other services but will usually be for an agreed number of days per week/month. <i>Please make a note below if you could do sleepovers or are willing to work out of hours.</i>	<input type="checkbox"/>
Medication Assistance	Prompting medication, Dosage preparation, Medical practitioner liaison, Administering medication for specialist health conditions etc. <i>You would receive training for specialist services.</i>	<input type="checkbox"/>
Personal Care	Helping to wash, dress, moving and handling the person, assisting to toilet, support with eating, possible health roles such as catheter care, stoma care etc. <i>Personal care usually means that you are employed by the person as this service will need to be done at a regular place and time.</i>	<input type="checkbox"/>
Pet Services	Walking, Feeding, Grooming, Waste clearance. <i>This would normally apply to household pets, however if you have experience of caring for larger animals such as horses please note below.</i>	<input type="checkbox"/>
Respite Care	Respite means that you will be providing help to someone who is caring for a friend or family member by providing the support for an agreed amount of time so that the 'unpaid carer' can have 'time off'	<input type="checkbox"/>

Shopping Assistance	Food shopping, Clothes shopping, Trips with client to town centre etc, Garden centre, internet shopping etc.	<input type="checkbox"/>
Social Engagement	Escort to parks, Social clubs, visits to family, friends, one to one engagement in activities, assistance on holidays etc.	<input type="checkbox"/>
Transport Provision	Driving to hospital / doctor appointments, social clubs etc	<input type="checkbox"/>
If other please specify:	↓	
Please elaborate here on the services you wish to provide above and please add any special interests or hobbies you have that clients may share:		

Will you be working with children in relation to the delivery of your service? Please note we will be accrediting you for working with adults only	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will children or vulnerable adults be present at your home address in relation to the delivery of your service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Employment Status				
Are there any restrictions on your ability to work in the UK?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been or are you currently a care worker / Personal Assistant or unpaid carer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If yes, please provide details and include dates</i>				
If you are wanting to work on a self-employed basis, please provide the following details: <i>If you do not have these in place we can provide advice and templates. You will also need to attend a ½ day business training workshop where you will have an opportunity to create various documents required for self-employment.</i>				
Unique Tax Number: <i>This is a number provided by HMRC to show that you have registered as self-employed.</i> https://www.gov.uk/set-up-sole-trader/register				

Do you have Public Liability Insurance? <i>This must be up to £5 million. There are several insurance companies that provide insurance for self-employed PA's and we can advise you.</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have business contracts? <i>If so please send a copy with this application</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you provide estimates / quotes, receipts or invoices? <i>If so please send a copy with this application</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a complaints procedure in place? <i>If so please send a copy with this application</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you currently advertise your services? <i>If so please send a copy of all adverts with this application</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Fees

Please note: It is acceptable for approximate charges to be entered here, however all charges must be made clear to Clients before service delivery begins

What rate will you charge?
Please indicate hourly rate

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

Training

SWC will expect you to have a minimum of a Care Certificate and up to date certificates in Emergency First Aid, Food Hygiene and Moving and Handling people. If you do not have these, training will be supplied for free for applicants.

Do you hold a Health & Social Care qualification or any other relevant qualification *(such as nurse, OT, social worker etc.)*

Yes

No

Can you supply copies of certificates for any training undertaken for SWC requirements or specialist services such as Manual Handling, Emergency First Aid, Food and Hygiene, Medication or Safeguarding? *If yes, please provide copies*

Yes

No

Relevant Skills & Experience

Do you or your staff have any skills or experience that may be relevant to your Support with Confidence application? (This could be through employment, volunteering, training or personal experience) (If necessary please continue using the **Additional Details section** at the end of this document)

Do you have any specialist experience or training? *This may not be directly related to a Personal Assistant role*

Yes

No

If yes please provide details

Special Requirements/Additional Support

Do you have any special requirements or require any additional support when attending training and/or other events? Please give details below.

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References

References are requested so that information relating to the applicant's employment history, experience, performance, and service delivery can be obtained.

Please provide details of **two** referees. In order of preference, please provide two of the following referees:

Option 1: If you are already set up in business as a Personal Assistant you will need to supply **one** reference from a previous employer and **one** client reference.

Option 2: If you are unable to provide a reference from a client we will require **two** employer references; ideally one from a current and one from a previous employer.

Option 3: A professional member of the community who knows you well can be used as a substitute for one or both of the above, if no other alternative is available.

References that are considered as unsuitable are references from friends, partners and relatives.

We will contact your referees prior to your interview so please make them aware that they will be contacted by a member of the SWC team.

If you supply an email address for your referees, we will send the reference request to them using our encrypted email service. Please make referees aware they will need to register to access this service, we will send them registration guidance on how to do this

We reserve the right to request additional references when necessary

Reference 1

Name:		Job Title:	
Organisation: Address:		Tel: Mob: *Email:	
Postcode:			
How do you know this person:		How long have you known them:	
Is this person your current employer:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Reference 2

Name:		Job Title:	
Organisation: Address:		Tel: Mob: *Email:	

Postcode:			
How do you know this person:		How long have you known them:	
Is this person your current employer:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

*Please note we will attempt to gain references by email when an email address is provided

Disclosure & Barring Service checks

To become an approved member, all applicants are required to undertake an Enhanced DBS check, which includes the Adult Barred List check.

If you do not currently possess a DBS disclosure then ESCC will process and **pay for one** on your behalf, a condition of which is that you subscribe to the DBS Online Update Service (further information over the page).

All DBS applications are processed by East Sussex County Council using the Electronic Disclosure & Barring System (eDBS). As a result we will no longer be using paper application forms.

Further information on completing a DBS check will be provided with your application acknowledgement letter.

<p>Do you have an Enhanced DBS certificate dated within the last 6 months? <i>If yes, SWC will need to see this certificate to check it meets the accreditation requirements</i></p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>Are you willing to have an Enhanced eDBS check carried out? <i>Please note that responding "No" to this question will mean that your application for approval will be refused.</i></p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<p>Have you or any member of your family had any current or past contact with social services regarding Safeguarding issues? If yes, please provide further details</p>	
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If you have lived abroad as an adult, it will also be necessary to provide an overseas DBS or equivalent check from the Country of residence. Further details will be provided.

Have you ever lived or worked abroad? <i>If yes, please provide details.</i> <i>NB. You will be required to complete a DBS/overseas Police check for each country listed</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details of living abroad (incl. all Countries)				

DBS Update Service

Are you already subscribed to the DBS Online Update Service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, then you must grant us consent to check your DBS status. We will request this consent once your application has been processed.</p> <p>If no, SWC will require you sign up to the DBS Online Update Service when a new DBS is completed.</p>				

Any applicant who applies for an eDBS check through the East Sussex County Council Support With Confidence scheme will need to join the online update service. Membership of the online update service incurs a charge of £13 per annum (payable by the applicant). Membership for volunteers is free of charge. **Please note, you have 30 days to sign up to this from the issue date on your certificate.**

Membership to this service will remove the need to complete multiple eDBS applications when moving between positions in the future and also prevent the time consuming process of correcting mistakes on forms and supplying original evidence to the authorised body. Additionally once subscribed, you may grant permission to any person to check your DBS information at any time. For more information please follow the link: <https://www.gov.uk/dbs-update-service>

Do you confirm your intention to subscribe to the DBS online update service when required to by SWC?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Rehabilitation of Offenders Act 1974 & Exception Order 1975

Please read in conjunction with the guidelines printed at the beginning of this document.

If accepted onto the scheme, the work that you will be undertaking 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 DBS check. The term "conviction" relates to a finding of guilt following a hearing in a court of law, including Courts Martial.

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

- Murder
- Any offence against children, young people or vulnerable adults
- 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:
 - Protection of Vulnerable Adults List (POVA)
 - Protection of Children's Act List (POCA)
 - Section 142 of the Education Act (List 99)

For all other offences, appointment is subject to a risk assessment.

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, bind-overs 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 or bindovers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Or are any of these pending?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what are they? Please give all information including date(s). A risk assessment will then be carried out. <i>Failure to give this information will mean that your application will be refused.</i>				
Have you had any County Court Judgements issued against you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please give all details including date(s)				

If applicable, please state how many times you have been required to pay compensation / damages as required by the courts / arbitration panels in relation to this type of service	

Signature & Agreement

By signing this application you are confirming you agree to the following terms and conditions of the scheme:

- A commitment to comply to the Support With Confidence Code of Conduct
- A commitment to attend any necessary training for accreditation purposes.
- A willingness for your information to be listed on the East Sussex Support With Confidence, ESCIS and 1Space online directories.

As part of the application process, a number of background checks will be completed. By signing this application form you are giving your agreement for these checks to be completed for you, and your staff if applying as a business (as appropriate):

- Quality Monitoring check - this is checking our internal social care records
- Financial checks - these include CCJ, insolvency, disqualified directors, and companies house checks (completed as necessary)
- Complaints checks – these include checks against adult social care, trading standards, and citizen advice records
- DBS Check – including overseas police checks where necessary
- Other background checks may be completed as necessary, such as appropriate licences, membership of any associated trade associations and professional bodies, etc

Should any of these checks come back with information which may affect your application, this will be discussed with you and further information may be required.

The application process is open for 12 months after we have received your application form and payment. If your application takes longer than this because of unreasonable delays on your part, such as not providing the necessary paperwork, a further fee may be charged.

Please note, the membership fee does not cover all the costs of joining the scheme and applicants are expected to cover the costs of the following scheme requirements as part of their business set up:

- insurance requirements
- additional training course costs
- travel to and from training courses
- overseas police checks

This list is not exhaustive and scheme requirements will be discussed with applicants on a case by case basis.

Support with Confidence reserve the right to refuse membership of the scheme to any applicant whom we consider does not meet the standards set out in the Terms and Conditions of the scheme. As an alternative, we may ask you to meet some specific conditions before we can

accept you as a member of the scheme.

If we refuse to accept you as a member you will have the right to appeal against our decision. Further information on the appeals process can be shared with you.

Should we refuse your application or you wish to cancel at any stage after payment has been taken and we have started to process your application, other than in exceptional circumstances, your payment will be retained for the administration time incurred.

Code of Conduct

You are expected to have read the SWC Code of Conduct before you have submitted your application. This document is included as part of the application pack and can also be downloaded from the following link:

<https://new.eastsussex.gov.uk/socialcare/providers/promoting/join-swc/what-we-expect-from-you/>

On being approved as an SWC service provider, you agree to deliver services in accordance with the Terms and Conditions as specified in the Code of Conduct. You promise to make East Sussex County Council Support With Confidence aware of any changes that may affect your continued suitability to be on the scheme, for example this may include notifying us of changes to senior staff / proprietors / directors of your organisation; changes to your financial status eg. County Court Judgements / Bankruptcy; Criminal convictions or any safeguarding investigations involving you or your organisation.

Quality monitoring will take place to ensure client safety & satisfaction, and a random check may be carried out by East Sussex County Council on any services which you deliver. The information given in this form will be reviewed and updated periodically.

If complaints are received by the Council, then your name may be temporarily removed from the Scheme whilst the complaint is being investigated by the Council and may be permanently deleted from it if the content of those complaints are proved to be substantiated.

Membership renewal

Upon approval, you will be required to renew your membership to the scheme every year (on the anniversary of your approval date) by completing a renewal declaration and paying a yearly membership fee. You will also need to refresh your training every 3 years.

Data Protection

The information you provide within this application form will only be used for Support with Confidence purposes and will not be used for any other purpose without your permission. For further information on how we use your personal data please visit the following ESCC webpage:

<https://www.eastsussex.gov.uk/privacy/swc/>

<p>Please confirm that you have read the Code of Conduct and you agree to all the terms and conditions indicated in this application.</p> <p><i>Please note that responding "No" to this question will mean that your application for approval will be refused.</i></p>	<p>Yes</p>	<input type="checkbox"/>	<p>No</p>	<input type="checkbox"/>
<p>Have you included <u>copies of all</u> requested evidence with this application?</p>	<p>Yes</p>	<input type="checkbox"/>	<p>No</p>	<input type="checkbox"/>

By completing the signature box below you confirm, as the applicant, that the information provided throughout this document is to the best of your knowledge an accurate representation of truth and fact.

Signature:		Date:	DD/MM/YY
Print Name:			

Thank you for taking the time to complete this application form. Your application will be processed as soon as possible and we will be in touch to arrange your interview once background checks have been completed.

Additional Details

If you need to provide further information about yourself, colleagues or your business then please enter it here.

Use additional paper if necessary

Official use only:**PRE INTERVIEW CHECKLIST****Q1. Is the provider suitable for SWC & operating in East Sussex? (Eligibility check)**YES NO **Q2. Have addresses for at least 5 past years been provided?**YES NO **Q3. DBS checks section completed?**- eligibility YES NO - overseas *YES NO

(*please send guidance on Overseas DBS with acknowledgment letter)

Q4. Employment status - section completed?YES NO **Q5. References**- Referee 1 – suitable/accepted YES NO - Referee 2 – suitable/accepted YES NO **Q6. Are there any queries that need to be referred back to the applicant? If Yes, please detail below and action:**YES NO **Details & Further Actions:****Q7. Have all sections been completed satisfactorily?**YES NO **Additional Notes:**

Staff Name: _____ Date: _____

(To be signed off once all further actions have been completed by the applicant)