



SNAP16+ Registration Form

To be completed by the client, or on behalf of the client by case manager, parent, guardian or fee payer.

(Please feel free to include your own person /job specification)

Case Manager/ Parent /Guardian's /Fee Payer's Contact Details

Title: Ms Miss Mrs Mr

Dr Other

Name:

E-mail:

Relationship to client:

Company Name:

Address:

Tel:

Fax:

Client Details

Title: Ms Miss Mrs Mr

Dr Other

First Name:

Surname:

E-mail:

Address (current residency):

Tel:

Client Date of Birth:

Contact details for any other significant people involved with the client's / young person's care. (e.g. case manager solicitor, parent, guardian)

Position Details

Are you looking for a: PA (Personal Assistant) Buddy/Enabler Care Worker Other, please state

Start Date ASAP

Date:

Is the position: Daily Live-in (please give accommodation details)

Full Time Part-time (please state days)

Permanent Temporary (dates from /to)

Would a male be suitable for the position?

No Yes Preferable Essential

Hours of work: From a.m. to p.m.

Days of work: Monday to Friday

Other (please give details)

*Wage / Salary: £ net gross
per: hour week month year

* (See also enclosed information for current market rate)

Do you need a driver?

Essential Preferable Not necessary

Is there use of a car? No

Yes, but on duty only Yes for personal use too

Annual Paid Holidays: Statutory

Is a non-smoker:

Essential Preferable Not necessary

Any weekend work? No Yes

If yes, please give details

Client / young person's hobbies / Interests:

Does the client have any pets? No Yes If yes, please give details

Please describe the client / young person's additional needs. Please include separate sheets as available.

Please describe the typical routine / duties required.

Is there any specific experience that is *essential* to the position?

Is personal care involved? No Yes If yes, please give details

Does the client / young person use any hoists? No Yes If yes, please give details

How does the client / young person communicate?

Does the client / young person have any medication needs? No Yes

If yes, is the employee required to administer medication? No Yes

Does the client / young person have any behavioural management requirements?

Any additional information about your requirements / the position:

How did you hear about SNAP16+?

I have read and agree to abide by the terms and conditions of SNAP16+

Name :

Signature:

Date: / /

Details of the fee payer, if different from above:

Name :

Signature:

Date: / /

Relationship to client/Young person:

Please return to: SNAP16+ . 91-93 Great Eastern St. Shoreditch. London EC2A 3HZ or Fax to: 020 7729 0022

T: 020 7729 2200

F: 020 7729 0022

E: info@snap16plus.co.uk

w: www.snap16plus.co.uk