Dear

You have indicated you are self-employed and would like to provide a (insert description of service e.g. care) service to me.

You also informed me on (insert date that PA signed the Summary of Important Steps sheet) that you are registered with HMRC for Tax and National Insurance purposes and have a Unique Tax Code (UTR). Registering as self-employed with HMRC does not automatically make a person self-employed as this is the remit of HMRC. As part of this process, we completed a HMRC Online Check Employment Status for Tax indicator together on ………………………………….. (Insert date) and with the information provided, this indicated you are self-employed in this role.

As you run a business, I believe you need to have your own Public Liability Insurance that insures your business for the provision of care and personal support. Please provide me with a copy of your Public Liability Insurance annually so that I can be reassured that you are fully insured.

**(Please attach copy to this summary)**

You informed me that you are currently self-employed and run a small care/personal support business. Please issue me with a contract for service that outlines the conditions and content of your service.

As you are self-employed I am not liable to pay separately any National Insurance or Tax and neither do I have to pay you sick pay or holiday pay.

**(Please attach contract of service)**

I would appreciate if you could give me as much notice as possible of your holiday arrangements and when you are off sick. Please clarify if and how you will arrange for your cover or if I have to arrange cover.

**Please detail the following if not included in the service contract and terms and conditions**

Please detail below how much notice I have to give you, should I wish to cancel or pause your service for instance when I go on holiday or do not need your support occasionally. Please also clarify what notice period I have to pay should I have to stay in hospital unexpectedly or if I am not well enough to use your service.

Please insert the information here.

Cancellation details:…………………………………………………………………………………………

**Paying for your service and equipment**

Your service contract and terms and conditions inform that you will invoice me regularly for your service. I receive my care funding from my Local Authority/NHS and have to evidence how I spend my care budget. Please provide me with detailed invoices that clearly state the period you delivered the service for, the charge per hour/day and invoice number. I will not be able to make cash payments. Please provide me with your business bank details; alternatively I can pay via cheque. Please confirm who to make cheques payable to.

Bank details:…………………………………………………………………………………………………….

Name of Bank:………………………………………………………………………………………………….

Sort Code:…………………………………………………………………………………………………………

Account number:………………………………………………………………………………………………

Cheques payable to: ………………………………………………………………………………………..

Mileage pay (delete if it does not apply)

You suggested that I could travel with you in your car when you support me in my local community. Please provide me with a copy of your car insurance that shows you have class 1 business insurance which includes cover for passengers. I hereby agree that I will be paying (insert amount)£ per mile. Please invoice me separately for the mileage and attach a list of the miles as evidence. I have to pay for the mileage from my own money as the council does not provide funding for travel.

**Equipment costs**

Please clarify if your service includes costs for equipment, eg. gloves, other protective equipment and provide a written quote for equipment costs.

Yes/No (quote attached).

**Quality of care**

I understand that care providers who are acting as an **agency** might have to register with the Care Quality Commission (CQC) who oversee and regulate quality of care. If applicable, please provide me with a letter or other written evidence that would show you are registered with the CQC if you are acting as an Agency.

**(Please attach evidence to this summary:** dated……)

**Complaint process if not part of terms and conditions**

Please let me know what your complaint procedures are and advise me who I should contact if I am not satisfied with your service.

Details of complaints process or contact:……………………………………………………….

**DBS (Disclosure Barring Service)**

Please confirm that your business will be responsible for arranging staff DBS checks. I would appreciate if you could share your DBS check practice/policy with me and my family.

Please confirm how often staff are DBS checked:………………………………………….

**Risk assessments and sharing personal information**

I would appreciate if you could spend some time with me to discuss certain risks and good practice linked to my support. Please let me know how you will record my support needs such as medication, personal care, etc. I would appreciate if you could review this regularly.

Date of such discussion: (insert date……)

Where details are recorded:…………………………………………………………………………...

**My emergency and important family contacts:…………………………………………….**

**………………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………...**

**………………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………….**

**Consent to share information**

I, (insert client name) hereby agree that (insert business name) can share and discuss my personal and/or medical matters with the following family members/ friends: (insert details)

Date:…………………………………………………………………………………………………………………

I would like to summarise that it is vital and important that I can only use your service if you provide the above information and evidence to assure me and my family of the right quality of care and to assure that you are truly self-employed. Please let me know immediately if your business circumstances are likely to change or if you feel that our working relationship does not meet the requirements of self-employment and I shall explore other options with you.

Please sign here to confirm that you did not feel pressured by me to enter this working relationship under the conditions of self-employment. I recommend that you seek advice and guidance before you sign this statement.

Name of self-employed worker:……………………………………………………………………..

I confirm that I am working as a self-employed worker and provide (insert description of service) as a business.

Signed:………………………………………………………………………………………………………………

Date:………………………………………………………………………………………………………………..

Name of service user:………………………………………………………………………………………

Signed:…………………………………………………………………………………………………...........

Date:…………………………………………………………………………………………………………………

**Each party to keep a copy of this summary and all attached documents.**