



**MANCHESTER**  
CITY COUNCIL

## Directorate for Adults

MANCHESTER ADULT PLACEMENT AND  
SUPPORTED LODGINGS SERVICE

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# Sitting & Befriending Fast Track Application Form

## Sitting & Befriending Service

This is a flexible service which aims to relieve the social isolation many vulnerable adults (and their carers) experience, by providing a variety of support packages. These include:

### Short Sessions (e.g. 2 to 5 hrs)

This may be within the customers home or support with a leisure / social activity within the wider community. Short sessions do not include support with personal care or household tasks.

Referrals to the Sitting & Befriending Service are accepted from the following people

- Older People Services
- Physical Disabilities Services
- Mental Health Services
- Learning Disabilities Services

It is the provider's choice which customer group(s) they want to work with and how much work they want to do. Many of our providers fit working with our service around other jobs and other commitments they have.

Within this service, providers have no involvement with administering any medications.

Unless otherwise specified in the support plan or agreed with the Placement Worker/Care Manager, providers have no involvement in handling a customers personal monies.

**Please note:** Details of your application will be kept on a database however all information will be kept in line with the Data Protection Act requirements.

## Payment Matrix 2009 /2010

### Sitting & Befriending

<b>In the Community or Customers home</b>		
<b>Monday to Friday</b>	<b>8am to 6pm</b>	<b>£7.00 per hour</b>
<b>Monday to Friday &amp; Weekends, Bank Holidays</b>	<b>6pm to 8am</b>	<b>£8.00 per hour</b>
<b>Mileage</b>	<b>“Out of Area” will be classed as 2 miles from Provider’s own home.</b>	<b>35p per mile</b>

<b>Applicant's Details (Please complete in BLOCK CAPITALS using black ink)</b>	
<b>Surname</b>	
<b>Forenames</b>	
<b>Known As</b>	
<b>Current Address</b>	
<b>Home Telephone Number</b>	
<b>Work Telephone Number</b>	
<b>Mobile Telephone Number</b>	
<b>Email Address (if applicable)</b>	
<b>Previous Address (if within 5 years)</b>	
<b>Date of Birth &amp; Age</b>	
<b>Place of Birth</b>	
<b>Occupation</b>	
<b>Ethnic Origin</b>	
<b>1<sup>st</sup> Language</b>	
<b>2<sup>nd</sup> Language</b>	
<b>Religion</b>	
<b>Previous name (if appropriate)</b>	
<b>Where would you like to be contacted? (Work, home or mobile)</b>	
<b>Do you own / have use of a car?</b>	

**FURTHER INFORMATION**

Please answer the following questions as fully as you can. Please use additional sheets of paper if required.

Question	Answer
<p>1. Can you describe any experiences you have with people with disabilities or people vulnerable through age?</p>	
<p>2. Please give details of any relevant experience you have of providing support. This could be paid work, voluntary work, education or personal experience.</p>	
<p>3. Why do you want to become a worker within the Sitting &amp; Befriending Service?</p>	
<p>4. What qualities do you have which will enable you to support a vulnerable person?</p>	
<p>5. What interests / hobbies do you have which you would be willing / able to share with a vulnerable person?</p>	

<b>Question</b>	<b>Answer</b>
<b>6. How much time have you got available?</b>	
<b>7. When is the best time for you to work with this service, during the day / weekends / evening?</b>	
<b>8. What would you expect from our organisation with regards to training, support and supervision?</b>	
<b>9. Please add any further information in support of your application</b>	
<b>10. Please tell us how you heard about Manchester Adult Placement</b>	

## **Safety Checks**

Working with Manchester Adult Placement Service involves supporting people with disabilities. This can be done either on a one to one basis or in a group setting. We therefore need to ensure that the person using the service is placed in a safe an environment as possible. We are committed to best practice in recruitment and will ensure that those directly working with people referred to this service are appropriately screened.

**Have you ever been convicted of a criminal offence by a Court of Law?**

Yes

No

**If you have answered “Yes”, please give details below:**

Please note that a Criminal Record will not necessarily prevent you from working with Manchester Adult Placement Service, however because of the vulnerability of some of the people whom we provide a service to, we reserve the right to conduct checks as deemed necessary.

If a conviction may be relevant, the Approval Panel will carefully consider the nature of the offence and the requirements of the work. The panel will also look at when the offence occurred and if there is a pattern of unrelated offences. Some serious offences will, however, almost certainly prevent the panel from approving an applicant.

If during the course of your work as a provider, you receive a conviction, caution, reprimand or final warning from the police you must disclose this to your Placement Worker. Where an act of misconduct has taken place (whether or not in the course of your work) or where any relevant information is revealed, an investigation will take place which may lead to you being suspended from your role. This may lead to your approval being withdrawn.

In certain circumstances, where it is alleged that an act of misconduct has occurred (whether or not in the course of your work) the City Council has a statutory duty, to refer your name to the Secretary of State for consideration for inclusion on a list of persons unsuitable to work with children/vulnerable adults. The City Council’s full Policy on Employment of Ex-Offenders is available upon request from the Personnel Office. The Code of Practice issued by the Criminal Records Bureau which guides the City Council’s use of Disclosures in Recruitment is also available from the Personnel Office upon request.

**Data Protection**

Following approval as Adult Placement Provider information about you will be held on the Adult Placement Provider database. This database has restricted access. You are entitled to read the information that is held about you and this can be arranged through request to the Adult Placement Team Manager.

**Referees**

Please give names and addresses of two people who can give a reference regarding your suitability. These people should not be a relative and one if possible should be able to provide a reference in a professional capacity e.g. boss, college tutor (i.e. not a friend). We are also required to contact your G.P regarding your health.

**Personal Referee**

**Professional Referee**

<b>Name</b>		<b>Name</b>	
<b>Address</b>		<b>Address</b>	
<b>Post Code</b>		<b>Post Code</b>	
<b>Tel No</b>		<b>Tel No</b>	
<b>Position</b>		<b>Position</b>	

**MAPS Policies and Procedures – No 1d**

Reviewed and amended January 2010 Vers 5

<b>GP Name</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Tel No</b>	
<b>Position</b>	

**I agree to enquiries being made to the Criminal Records Bureau, SS Department, General Practitioner, Employer and personal referees. I am aware that I have the right to view any references provided before they are received by MAPS (please tick box if you wish to view reports).**

**Full Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Please return this Provider Application Form to:**

The Administrator,  
Manchester Adult Placement Service (MAPS)  
1<sup>st</sup> Floor  
Crossacres Resource Centre,  
1 Peel Hall Road  
Manchester  
M22 5DG