

Employers Responsibilities Document:

We hope that the advice and information you have received from AILNs Self Directed Support Service has been helpful in supporting you as a future employer of Personal Assistants.

AILN will keep a record of your information, including brief notes, which will contain some of your personal information. Your information is confidential and will always be kept securely. You can, at any time request to see the information that AILN holds about you.

Occasionally it may be necessary for AILN to share information about you with the local authority, this includes Health & Social Care and the finance department. All information will be kept confidential in accordance with General Data Protection Rules (GDPR)

Please note that AILN will only share your information if you have given consent for us to do so.

I consent to my information being shared with these parties

I have also been made aware that at any time I can request to see the information that AILN holds about me.

Your responsibilities as an employer are:

1. To adhere to **safe and non-discriminatory recruitment** procedures, including the taking up of **references and PVG** (please note new employees must not start their employment until their PVG is back
2. Having a **contingency plan** in place to cover for staff A/L & Sickness
3. To ensure you have a **Job description** in place detailing the role and tasks Personal Assistants will undertake (Your Support service can assist you with this)
4. To ensure that you have **employers Liability Insurance** in place prior to staff starting their employment and update this annually

5. To ensure you have a **Payroll Service** in place to run your staff payroll, including registering with the **Pensions Regulator & HMRC** (if you use another service such as an Accountant to provide this or do it yourself, you will advise your local authority finance team of your chosen method of payroll). Also ensure you comply with the information requested by the Payroll service you use i.e. **the sending of timesheets on time**, the provision of all staff up to date details, as well as advise them if you change any of your details.
6. To ensure you have a **dedicated bank account**, solely for the purpose of the Self Directed Support Funding and be able to provide bank statements for this account to the Local Authority Finance Team for monitoring purposes.
7. **Contribution towards the care package** – If there is a client contribution, you are responsible for ensuring that this is set up as a Standing order into the SDS bank account the Local Authority funds are paid in to.
8. To ensure you adhere to **Health & Safety** in the workplace and **DO NOT** put yourself or an employee at risk. This includes ensuring your staff are **fully trained** to use any equipment specific to your needs or the needs of the SDS recipient prior to appointment and that staff have an Induction in to the workplace.
9. As an employer you will ensure that staff are **aware of their rights** regarding a **Contract of employment- on the day they start** their employment, their A/L & sickness entitlement, Grievance Procedures and their Job description.
10. You will adhere to General Data Protection Rules (**GDPR**) regarding staff personal details during and after their employment with you.
11. You are **responsible** to ensure that the **Local Authority monitoring** paperwork is completed and returned on time, unless you use a Service that does this for you.

Please ensure you have read all of the information before signing this document, should you have any queries regarding the content please do not hesitate to contact AILN for further support.

I have read and **understand** my employer's responsibilities.

I also confirm that I have been given a **Comprehensive Employers** pack by one of AILNs SDS Advisors and that they have left their contact details should I require **further support**. I have also been made aware of **AILNs complaints procedures**

I am the SDS user

I am the POA / Guardian signing OBO the SDS user.

Name of Service user: _____

Name of POA or Guardian if applicable:

Signature: _____

Date: _____

Local Authority Area From: _____