

SALFORD CROSSROADS CARE ATTENDANT SCHEME

CONTRACT OF EMPLOYMENT

Name

Address

Dear

This contract, incorporating terms and conditions of employment, confirms your appointment as Scheme Coordinators with Salford Crossroads Care Attendants Scheme commencing

You will be based at but you will be required to travel within Salford as part of your work. Any permanent change of base will be the subject of consultation with you.

Current pay and allowances applicable to you are :

Salary £ per hour

You will be paid weekly

The current allocation of hours of work is 24 hours per week (certain duties including visits to clients and families may be required in the evening and/or at Weekends).

The appointment is subject to a satisfactory medical report from a qualified medical practitioner.

On call and/or standby requirements : You may be required to undertake visits to clients and families in the evenings and/or at Weekends. On occasions you may be required to cover the duties of a care attendant.

Your appointment will be terminable by 3 months notice on either side.

On commencing duty you are required to produce Income Tax Form P45 which was given to you by your previous employer, and ~~the~~ <sup>your</sup> Birth Certificate.

Will you please signify your acceptance of this appointment on the terms and conditions stated in this contract by signing and returning the enclosed copy to me.

Yours sincerely

SECRETARY

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I accept this appointment on the terms and conditions stated in this contract of employment.

Signature .....

Date .....

SALFORD CROSSROADS CARE ATTENDANT SCHEME  
CONTRACT OF EMPLOYMENT

Name

Address

Dear

This contract, incorporating terms and conditions of employment, confirms your appointment to the staff of Salford Crossroads Care Attendant Scheme as Care Attendant commencing

You will be required to travel within Salford as part of your work. Any permanent change of locations will be the subject of consultation with you.

Current pay and allowances applicable to you are:

Salary £ per hour

You will be paid weekly.

The current allocation of hours of work is      hours per week (including duties requiring attendance at night, in the early morning, and at weekends).

The appointment is subject to a satisfactory medical report from a qualified Medical Practitioner.

On call and/or standby requirements : You may be required to visit clients and/or their families at short notice, including evenings and weekends.

Your appointment will be terminable by one month's notice on either side.

On commencing duty you are required to produce Income Tax Form P45 which was given to you by your previous employer, and your Birth Certificate.

Will you please signify your acceptance of this appointment on the terms and conditions stated in this contract by signing and returning the enclosed copy to me.

Yours sincerely

SECRETARY

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I accept this appointment on the terms and conditions stated in this contract of employment.

Signature .....

Date .....