**Personal Assistant Policy and Procedures Agreement**

Please read and sign the agreement and return to a member of the inclusion team.

By completing this form, you consent to your personal and employment information being

stored on Future youth zone database and you consent for Future youth zone to contact

you as required.

You must have your DBS number and a Photographic ID, ie passport, driver licence. If you do not have these documents you and the young person will be refused entry to the Youth Zone.

As the designated support worker for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (young person’s name), I agree to the following statements.

* I have read and understood the Future youth zone Policy and Procedures for Personal Assistants
* I have read and understood the Safeguarding Policy
* I have read and understood the code of conduct

Print name of Personal Assistant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information (Personal Assistant)**

Please complete the information below and return to a member of the inclusion team;

|  |  |
| --- | --- |
| Full name: |  |
| Address: | Post Code: |
| Contact Number: |  |
| Email Address: |  |
| DBS Number: |  |
| Date of most recent DBS Check: |  |
| Emergency contact number |  |

**Employment Information (if applicable)**

|  |  |
| --- | --- |
|  Name of Employer / Organisation: |  |
| Your Managers Info | Name: Position: Tel No:  |
| Address: | Post Code: |
| Contact Number: |  |
| Email Address: |  |