CROSSROADS CARE NORTH WEST

CARER SUPPORT WORKER AVAILABILITY MATRIX

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many hours do you need to work each week:\_\_\_\_\_

Please tick the boxes to show when you would be available to work please bare in mind that we aim to offer support anytime during the day or night to suit the individual needs of the people using our services and that support is required 365 days per year including bank holidays and weekends. This form is to give the Care Manager an indication or your availability.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Work period | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning (7:30-12pm) |  |  |  |  |  |  |  |
| Afternoon (12-3pm) |  |  |  |  |  |  |  |
| Tea time (4-7pm) |  |  |  |  |  |  |  |
| Evening  (7-10:30pm) |  |  |  |  |  |  |  |
| Overnight  NA |  |  |  |  |  |  |  |
| Do you hold a current UK driving licence? **Yes/No**  Do you have your own car? **Yes/No**  It is a requirement that vehicles used for the business of Crossroads Care NW are covered by your own Business Use car insurance. Do you have this/can you obtain this? **Yes/No** | | | | **If you are a non car driver please confirm you are aware that you will be required to cover calls by walking/using public transport.** Y/N  Dated: | | | |