

ADVICE OF EMPLOYMENT – INDIVIDUALISED FUNDING CLIENT

NEW EMPLOYEE FORM

ALL SECTIONS/PAGES MUST BE COMPLETED AND RETURNED FOR EMPLOYEE TO BE SET UP

Return forms with attachments to: **DisabilitySupport@lifewise.org.nz**
by 12.30pm on the Wednesday before the next pay deadline.

Employee #: _____
OFFICE USE ONLY

Employer's Details

**Please note you cannot be both the Employer & Employee. The Agent is the person managing the IF budget.*

Employer's Name: _____

IF Client's Agent Name (if different from Employer): _____

IF Client's Name: _____

IF Client #: _____
OFFICE USE ONLY

Employee Details

Full Name: _____

Address: _____ Post Code: _____

Phone (Mobile): _____ Phone (Home): _____

Email Address: _____

Resident Family Carer (tick if you live with the person you're caring for) - **Relationship** (e.g. sister): _____

Date of Birth: _____ Consent to send Date of Birth to IRD (for payroll purposes)

EMPLOYEE ALLOWANCES

Mileage: I would like my Employee to have mileage reimbursed for work related travel: **Yes** **No**

Mileage Rate: \$ _____ per Kilometer

Annual Holidays Type: **4 weeks** (minimum legal requirement)
 Other (please specify) _____

Sick Leave Type: **10 days** (minimum legal requirement – commences after 6 months)
 Other (please specify) _____

Union (if applicable): _____

BANK ACCOUNT DETAILS

***Please attach verification/proof of account with your forms**

Bank	Branch	Account Number	Suffix

Bank Account in the Name of: _____

Password for email Payslips: _____
(Your password may be any combination of up to a maximum of 10 letters and numbers. Please do not choose any obvious passwords, such as the word "password". You should not choose a password that you already use for something else, e.g. banking or email)

Employment Details

Start Date: _____

Position: _____

Qualification: None Level 2 Level 3 Level 4 or higher

Minimum legalised rates: \$23.15 \$24.06 \$26.16 \$28.25

Name of Qualification: _____

Hourly Pay Rate: _____

Respite Sleepovers: *

No

Yes - Respite Sleepover Rate: _____

**Minimum sleepover rate is \$23.15 per hour. The sleepover rate generally applies between 10pm - 6am and is only applicable with a Respite/Personal Care budget to allow the main carer a break. This is not applicable if you already live with the person you are supporting. Please discuss with your IF Coach if unsure.*

Employment Type

Permanent Employee

Example: Your employee could be working full-time or part-time and would have a regular pattern of hours or set days they work. For example: 2 hours every Monday and Friday from 3-5pm.

***If Permanent please indicate the days/hours your employee is required to work each week if**

Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours Per Week
Hours								

Casual Employee

*Example: Your employee would have very irregular work, there would be **no guaranteed /regular/set hours each week or fortnight**. They would only work when asked and can decline any work offered if unavailable. Please visit our website or email us for a casual employment agreement template.*

Employee Payslips

I, _____ (employee) consent to receiving my Payslips via email.

I understand I can withdraw my consent at any time.

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____



Support Worker Privacy Notice for Ministry of Health funding packages

You are being employed (or contracted) to provide disability supports, and the Person employing or contracting with you is using Funding arising from a NASC allocation for that purpose.

The Person employing you or contracting with you may be required to make available the following details about you to the organisation authorising release of these funds for that Person:

- Your full name, date of birth, address and contact phone number, and your IRD number (or that of the contractor employing you); and
- The dates and times when you provide services.

The purpose for which the information will be used is to monitor compliance with the requirements of this Funding and to verify claims made in relation to the services you provide for this Person.

Auditors appointed by the Ministry of Health may also review this information. The auditors may make contact with you if they have any questions about claims made.

The organisation contact details are:

Lifewise Homecare Services (09) 623 7631

disabilitysupport@lifewise.org.nz

You can access the information held about you, and ask for correction where necessary by contacting the Person. If you want further information refer to <http://www.health.govt.nz/system/files/documents/pages/privacy-notice-hosted-scheme-support-workers.docx>

Declaration

I understand that the Person employing or contracting me may be required to make available a number of details about me to the organisation specified above for the purpose specified above.

Name of Support Worker:

Signature of Support Worker:

Date:

Employer/Agent Details

Full Name: _____

Address: _____ Post Code: _____

Phone (Mobile): _____ Phone (Home): _____

Email Address: _____

Relationship to IF Client: _____

Relationship to Employee if they are a Paid Family Carer/Resident Family Carer: _____

I understand my responsibilities as an Employer are:

- To participate in the development of the Individual Service Plan
- To use the support only for services funded by Whaikaha Ministry of Disabled People.
- To determine the level of service you want to manage
- To provide timely, accurate and verified information to enable LIFEWISE to invoice Whaikaha
- To not spend more than the total value of the support allocated by the NASC (Taikura Trust)
- If you do overspend your IF budget, you will be required to repay the overspend balance to LIFEWISE
- To send in timesheets/invoices within 90 days of the support being received; outside of this timeframe we may not be able to reimburse you from your IF budget
- Keep records of all support received for at least seven years
- To promptly discuss any changes needed to your support
- To cooperate with any Whaikaha audit of your IF budget
- Manage all aspects of recruitment and employment complying with Government legislation including job descriptions, individual employment agreements, and paying the minimum care and support worker wage
- Be a fair and reasonable employer, and provide a healthy and safe working environment
- Manage any employment disputes or performance issues

Employer Signature: _____

CHECKLIST: Have you included all forms?

- | | |
|--|---|
| <input type="checkbox"/> Advice of Employment | <input type="checkbox"/> Proof of valid NZ Bank Account |
| <input type="checkbox"/> IRD Tax Code Declaration | <input type="checkbox"/> Individual Employment Agreement |
| <input type="checkbox"/> Kiwi Saver Deduction or
Kiwi Saver opt out Request form | <input type="checkbox"/> Eligibility to work in NZ if not a NZ
Citizen or Resident - <i>please provide a copy of
passport/visa</i> |

Please return completed forms to: DisabilitySupport@lifewise.org.nz before **12.30pm the Wednesday before the next payroll submission deadline.**

Please note: Employees that have not worked within a 12-month period are terminated and will be required to sign forms again if they will be resuming employment outside of the 12-month period to ensure all information is correct and employment conditions are up to date.