

COVID-19 SSP Fund Form

1. Purpose

This special fund has been created specifically to assist colleagues facing difficult financial constraints due to the unprecedented events caused by the Coronavirus (COVID-19).

2. Scope

All colleagues, irrespective of your role or length of service within the organisation, will be eligible to make a request if you have been impacted by the recent events, subject to the exceptions in clause 6.

3. Policy Statement

If you have suffered financial difficulties caused by COVID-19, the organisation will consider making a payment to you. Payment will depend on your individual circumstances and may be up to £125 Gross per week for a maximum of two weeks. An independent panel, organized specifically for this purpose will consider all requests individually and impartially.

It is important to note that there is no contractual or statutory entitlement to receive a support payment. Any payment granted will be at the absolute discretion of the Company.

CareTech Group is committed to equality and fairness. Equality is about ensuring people are treated fairly and consistently. This includes everyone, regardless of his or her race, gender, age, religion or belief, sexual orientation and/or disability.

4. Procedure

- You complete a CareTech COVID-19 SSP fund form and submit to:
CareTechCOVID19Fund@caretech-uk.com;
- The Colleague Support Panel, which comprises senior members of the HR team, will acknowledge receipt of the application and consider the application confidentially within one week;
- The Colleague Support Panel will check that the application contains all of the necessary information and if not, will request any additional information required from you. As part of the application process, you must be willing to provide the reason for your request;
- The Colleague Support Panel will advise you in writing confirming the decision;
- Decisions to grant an application will be passed to Payroll where an appropriate payment will be made. We will endeavour to make this payment as soon as possible.
- If the Panel does not grant your application, you will be advised of the reason why.

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5. Criteria

The Colleague Support Panel will be responsible for assessing applications and the following factors will be taken into consideration when applying this policy:

- You have been in receipt of Statutory Sick pay only due to COVID 19

Examples of requests that may be granted include:

- Colleagues with caring responsibilities that are shielding in order to care for a child that is high risk of becoming seriously ill if they catch COVID-19;
- Colleagues self-isolating in accordance with government advice who are receiving Statutory Sick Pay;

6. Exceptions

We must apply the support where it is needed most, therefore we will be unable to grant the request in the following situations:

- To bank workers;
- Anyone receiving full contractual sick pay;
- Anyone that is self-isolating which is not in line with Government Guidance.

8. Policy Review

This policy will be reviewed periodically and updated as appropriate to ensure it remains fit for purpose.

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CONFIDENTIAL

Title (Mr, Mrs, Miss etc)		
First Name		
Surname		
Payroll Name (as per Payslip e.g. Cambian Childrens)		
Work Location e.g. Harvest Barn		
Date of Sickness	start date:	end date:
Number of weeks absent		
Contracted hours per week (e.g. 39)		
National Insurance Number		
Payroll Number		
Email Address		
Contact Telephone Number		
What are your specific circumstances? e.g. caring responsibilities, self-isolating and being paid SSP only etc.		

The information supplied via this form will only be shared with the Colleague Support panel and appropriate persons of the Payroll team. Any payments will remain strictly confidential.

Declaration

By submitting this application, you confirm that the information you have given is true and complete and accept that any fraudulent information may be considered a disciplinary matter.