**To whom it may concern**

This notice has been developed by Carr Gomm’s Community Contacts in respect of people who employ their own Social Care Workers to provide support within their own home.

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to support the UK’s response to the COVID-19 outbreak I need to ensure critical delivery of care continues during this unprecedented period.

This letter confirms that the employee named above is included within the Government’s list of key workers, therefore will ensure critical delivery of care continues during this unprecedented period.

For avoidance of doubt, keyworkers are:

**Health and social care:** This includes but is not limited to doctors, nurses, midwives, paramedics, social workers, care workers, and other frontline health and social care staff including volunteers; the support and specialist staff required to maintain the UK’s health and social care sector; those working as part of the health and social care supply chain, including producers and distributers of medicines and medical and personal protective equipment.

As the service my employee provides is critical to the people they support, it is, therefore, essential that they can undertake their role, daily, without impediment or restriction as follows:

* Travel to and from work
* Travel between locations/services
* Make visits to shops, pharmacies etc. on behalf of the people they support

**Schools and Nurseries**

It is also vital that workers, who need continuity of school and nursery facilities, are able to rely on this provision remaining available and we thank you for providing this critical ongoing educational support that allows our colleague to continue to perform their role.

Please accept this as confirmation of the named person above being of Key Worker status.

Yours sincerely

**Contact details for Employer are as follows should you need to verify.**

**Name: ...........................................................................**

**Address: ........................................................................**

**Telephone: .....................................................................**