Date

**Personal Employers**

Name:

Address:

To whom it may concern,

This letter is to advise that Miss / Mr / Mrs / Ms  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is employed as a Personal Carer. Their employer is a vulnerable person living in the Community and rely on their Support staff for their day to day needs.

The personal employer is on Self Directed Support Funding to purchase their care, provided by local authority Health & Social Care Department.

Should you have any further queries please contact the personal employer direct, see their details above or contact LCiL or local authority Health and Social Partnership to verify.

Yours sincerely,