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| **New PA/Carer (Employee) Form** |
|  |  | **Section 1 – to be completed by the client (the employer)** |
| **about the Customer (Employer)** | **Title (please circle)** | **Forename/s** | **Surname**  |
| **Mr** | **Mrs** |  **Miss** | **Ms** |  |
| **Local Authority (please circle)** |
| **Essex Thurrock Cambridgeshire Oxfordshire Leicester PHB****Other (please specify)………………………………………………………** |
|  |  |  |  |  |
| **Employee Pay Rates** | **Employee’s Start Date** | **Pay rate (£)** |
|  |  |
| **Type of Contract** | **Permanent □****Temporary □ Start Date:\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_** **Casual □**  |
|  |  | **Section 2 – to be completed by the PA/carer (the employee)** |
| **PA/Carer (employee) Details** | **Title (please circle)** | **Forename/s** | **Surname** |
| **Mr** | **Mrs** | **Miss** | **Ms** |  |  |
| **Address (Including Postcode)** |
|  |
| **Date of Birth** |  |
|  |
| **National Insurance No. (if applicable)** | **If you are of pensionable age please enclose proof of your age (e.g. copy of passport, driving licence etc)** |
|  | **Yes**  | **No** |
| **Email** | **Telephone No.** |
|  |  |
| **Are you self-employed? (please circle)** | **If you are self-employed, you will also need to complete a Self-employed Statement Form.** |
| **Yes** | **No** |
| **We require a completed P46 form as well as a P45 form if you have one. Please confirm these are enclosed with this form (please circle)** |
| **Yes** | **No** |
|  |  |  |  |
| **Bank**  | **Bank/Building Society Name** |
|  |
| **Bank/Building Society Address (Including Postcode)** |
|  |
|
|
| **Name on Account** | **Account Number (8 digits)** |
|  |  |  |  |  |  |  |  |  |
| **Sort Code** | **Reference No. or Building Society Roll No. (only applicable to a Building Society Savings Account)** |
|  |  | **-** |  |  | **-** |  |  |  |
|  |
| **Please Note: You are not employed by Purple.** **Purple processes your salary on the instructions of, and on behalf of, your employer (named in Section 1). If you have any queries related to your role and employment, you should discuss these with your employer.**  |
|  |  |  |
| **Signed** | **Date** |
| **Customer (Employer)** |  |  |
| **If you are signing on behalf of the client as their named representative, please confirm your name** | **Forename** | **Surname** |
|  |  |
| **PA/Carer (Employee)** |  |  |