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| For office use only |
| Nominal Code |  |
| Payrite Co No. |  |

YOU HAVE A REPRESENTATIVE WHO YOU ARE AUTHORISING TO ACT ON YOUR BEHALF, PLEASE COMPLETE THE BOX BELOW

|  |  |  |  |
| --- | --- | --- | --- |
| My Representative | Title (please circle) | Forename/s | Surname |
| Mr Mrs Miss Ms |  |  |
| Address (Including Postcode) |
|  |
| Email | Telephone No |
|  |  |

IF YOU HAVE A REPRESENTATIVE WHO YOU ARE AUTHORISING TO ACT ON YOUR BEHALF, PLEASE COMPLETE THE BOX BELOW

|  |  |  |  |
| --- | --- | --- | --- |
| My Representative | Title (please circle) | Forename/s | Surname |
| Mr Mrs Miss Ms |  |  |
| Address (Including Postcode) |
|  |
| Email | Telephone No |
|  |  |

Customer Registration Form - PHB

|  |  |  |  |
| --- | --- | --- | --- |
| About Me | Title (please circle) | Forename/s | Surname |
| Mr Mrs Miss Ms |  |  |
| National Insurance No (Over 16's only) if the Patient is a child, please use the parent's/guardian's/representative's NI No. |
|  |
| Address (Including Postcode) |
|  |
| Email | Telephone No |
|  |  |

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|  I understand my responsibilities as an employer and confirm that I will implement each of the following requirements for each employed PA:* Employment Contracts – a completed copy for the PA as well as employer.
* Employer Liability Insurance – ensuring the policy covers health care tasks and redundancy.
* Pension Arrangements – ensuring I have a pension conversation with each employee and will inform the relevant parties.

Purple will arrange three month and annual reviews to ensure you have everything in place to assure the ICB that you are compliant with their requirements and working within Employment Law.  |
| Signed | Date |
|  |  |

email: **phbpayroll@wearepurple.org.uk**Tel: **01245 392300, Option 1**

address: **BIC109, Arise Innovation Hub, Alan Cherry Drive, Chelmsford, Essex CM1 1QT**