

Payroll | Invoicing | Employment Advice & Assistance

New PA/Carer (Employee) Form

Section 1 – to be completed by the Customer (the employer)

	Ti	itle (ple	ase circl		Forename(s)			Surname					
About the Customer (Employer)	Mr	Mrs	Miss	Ms									
	Local Authority (please circle)												
	Thurrock Cambridgeshire				Oxfordshire Leices				stershire Personal Health Budget				
tomer	Doncaster Nottinghamshire Hertfordshire												
າe Cus				Email					Т	elephone No			
out tl	Address (Including Postcode)												
Ak													
	Employee's Start Date						Weekly Live-In Rate (£)						
Employee Rates of Pay	p 1, 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2												
es o	V	Veekda	y Rate (£	<u> </u>	We	Weekend Rate (£)				Bank Holiday Rate (£)			
Rat	Hour	Ove	Overnight		Shift Hour		Overnight Shif		Hour Overnigh		t Shift		
эуее													
m plo	Working Days												
Ш	Mon		Tue V		/ed Thu		Fri		Sat		Sun		
يب													
Type of Contract	Permanent Casual (zero hours)				Temporary Start Date:				End Date:				
Signed							Date						
If you are signing on behalf of the Customer as their named representative, please confirm your name													
Forename									Surna	ame			

Section 2 – to be completed by the PA/Carer (the employee)

	Title (please circle)			Forenar		Surname						
	Mr Mr	Mr Mrs Miss										
	Address (Including Postcode)											
tails												
Dei		Date	of Birt	h								
PA/Carer (employee) Details	Nation	nal Insuran	If you are of pensionable age please enclose proof of your age (eg copy of passport, driving licence etc)									
emp					Yes No							
er (c			mail		Telephone No							
/Car												
PA/		Are you se	elf-emp	loyed?								
		(plea	se circle	e)	If you are self-employed, you will also need to complete a Self-						a Self-	
	Υ	es		No	employed Statement Form							
		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	se confirm these are	e enclosed with this form (please circle) No							
	Te5 NO											
	Bank/Building Society Name											
	•											
	Bank/Building Society Address (Including Postcode)											
×												
Bank												
		Name o	unt		Accou	ınt Num	nber (8 d	digits)				
								•				
		Sor		Reference No or Building Society Roll No (only applicable								
		J J	- Couc	1 1	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												
		Jigii	eu				ט	ale				