

New PA/Carer (Employee) Form

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

| | ٦ | Title (pl | ease circl | le) | Forename | e(s) | Surname | | | | | |
|----------------------------------|---------------------------------|------------------------|------------|-------|----------------|----------|-------------------------------|--|--|--|--|--|
| er | Mr | Mrs | Miss | Ms | | | | | | | | |
| :om | Local Authority (please circle) | | | | | | | | | | | |
| About the Customer (Employer) | | Esse | x Thu | rrock | Cambridgeshire | Oxfordsh | ire Personal Health Budget | | | | | |
| Abo | | Other (please specify) | | | | | | | | | | |

| | | | Employee' | s Start 🛛 | Date | Weekly Live-In Rate (£) | | | | | | | | |
|----------|----------------------|------|-------------|-----------|------|-------------------------|-------------------------------|-------|------|-----------|--|-------|--|-----|
| of Pay | | | | | | | | | | | | | | |
| es o | W | eekd | lay Rate (£ | :) | ١ | Neekend R | ate (£) Bank Holiday Rate (£) | | | | | | | |
| Rates | Hour Overnight Shift | | | | Hou | r Overni | ght | Shift | Hour | Overnight | | Shift | | |
| Employee | | | | | | | | | | | | | | |
| du | Working Days | | | | | | | | | | | | | |
| ш | Mon | | Tue W | | ed | Thu | Thu | | Fri | | | Sat | | Sun |



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

| | | Title (plea | ase circl | e) | Fo | rename(s) | Surname | | | |
|------------|---|-------------|-----------|----------|------------|--|---------|----|--|--|
| ails | Mr | Mrs | Miss | Ms | | | | | | |
| Det | Mr Mrs Miss Ms Address (Including Postcode) | | | | | | | | | |
| ee) | | | | | | | | | | |
| (employee) | | | | | | | | | | |
| du | - | | | | | | | | | |
| | | | Date of | Birth | | | | | | |
| rer | | | | | | If you are of pensionable age please enclose | | | | |
| Ca | Na | tional Ins | urance l | No (if a | pplicable) | proof of your age (eg copy of passport, | | | | |
| PA/Carer | | | | - | | driving licence etc) | | | | |
| _ | | | | | | Yes | | No | | |

email. payments@wearepurple.org.uk tel. 01245 214016 fax. 01245 392329 address. Purple (Essex), Ivan Peck House, Ground Floor, 1 Russell Way, Chelmsford CM1 3AA



| yee) | Em | nail | Telephone No | | | | |
|--------------------------------|-------------------------|-----------------------|---|----|--|--|--|
| | | | | | | | |
| PA/Carer (employee) Details | Are you self (please | -employed? circle) | If you are self-employed, you will also need to | | | | |
| rer (e Deta | Yes | No | complete a Self-employed Statement Form | | | | |
| PA/Ca | - | - | orm as well as a P45 form if you have one. enclosed with this form (please circle) | | | | |
| | | Yes | | No | | | |

| | Bank/Building Society Name | | | | | | | | | | | | | | | |
|------|----------------------------|--|---|---|------|-------|--------|-------|--------|---------------------------|---------|---------|--------|---------------------------|---|--|
| | | | | В | ank/ | Builc | ling S | Socie | ty Add | ress (I | nclud | ing Po | stcode | 2) | | |
| Bank | | | | | | | | | | | | | | | | |
| ä | Name on Account | | | | | | | | | Account Number (8 digits) | | | | | | |
| | | | | | | | | | | | | | | | | |
| | Sort Code | | | | | | | | | | applica | able to | • | Society Iding S nt) | - | |
| | | | - | | | - | | | | | | | | | | |

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 | Da | ite |
|---|----------|---------|
| Customer (Employer) | | |
| If you are signing on behalf of the client as | Forename | Surname |
| their named representative, please confirm your name | | |
| PA/Carer (Employee) | | |

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