

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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