

New PA/Carer (Employee) Form

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

	Ti	tle (ple	ase circl	e)	Forename(s)				Surname			
About the Customer (Employer)	Mr	Mrs	Miss	Ms								
	Local Authority (please circle)											
	Essex Thurrock Cambridgeshire Oxfordshire Leicestershire Personal Health Budget Other (please specify)											
Custo				Email			Telephone No					
the												
out	Address (Including Postcode)											
Ab												
		Er	nployee	's Start [Date			Weekly Live-In Rate (£)				
F Pay												
es o	Weekday Rate (£) Wee						kend Rate (£) Bank Holiday Ra					
Rat	Hour	Overnight		Shift Hour		Overni	night Shift		Hour Overnight		nt Shift	
Employee Rates of Pay												
ldm	Working Days											
ш	Mon		Tue W		ed	Thu Fri		ri	Sat		Sun	
Type of Contract	Permanent Tempo Casual (zero hours) Start						-					
	Signed						Date					
If you are signing on behalf of the Customer as their named representative, please confirm your name												
Forename							Surname					

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email: essexpayroll@wearepurple.org.uk phbpayroll@wearepurple.org.uk thurrockpayroll@wearepurple.org.uk cambridgepayroll@wearepurple.org.uk oxfordpayroll@wearepurple.org.uk leicesterpayroll@wearepurple.org.uk tel: 01245 392300, Option 1

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

	Title (please circle)				Forename(s)			Surname			
	Mr	Mrs	Miss	Ms							
	Address (Including Pos										
tails											
PA/Carer (employee) Details	Date of Birth										
	National Insurance No (if applicable)					If you are of pensionable age please enclose proof of your age (eg copy of passport, driving licence etc)					
							Yes		No		
				Eı	mail			Teleph	one No		
/Ca											
PA	Are you self-employed? (please circle)					If you are self-employed, you will also need to complete a Self-					
		Yes			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				No			
	Bank/Building Society Name										
	Bank/Building Society Address (Including Postcode)										
	Danis, Danianing Councily Madrices (Including 1 Colocode)										
Bank											
_		Name on Account					Accou	unt Number (8	digits)		
	Sort Code					Reference No or Building Society Roll No (only applicable to a Building Society Savings Account)					
	Diago	. Note:			valeured by Drymle	Demala ma		w salawy aw th	a inatorrations a	c	
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			