

New PA/Carer (Employee) Form

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

<u>.</u>	Ti	tle (pl	ease circle	e) Forename/s Sui	Surname	•				
ploye	Mr	Mrs	Miss	Ms						
(Em					Local Authority (p	lease circ	le)			
About the Customer (Employer)	Essex Thurrock Cambridgeshire Oxfordshire Leicester PHB Other (please specify)									
		F	imployee's	s Start	Date		Pay rate (£)			
Employee Rates of					. 2 400					
			Permane	nt 🗆						
Employe P	Typ Cont	_ End Date:								
	Casual □									

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

	Ti	tle (plea	se circle	e)	Forename/s		Surname			
	Mr	Mrs	Miss	Ms						
ils					Address (Including Postcode)				
Deta										
yee)		Da	ate of B	irth						
mplo										
PA/Carer (employee) Details		National a	Insurar pplicab		o. (if	proof of your ag	ionable age please enc ge (e.g. copy of passpo ng licence etc)			
PA,						Yes	Yes No			
		ı	Email N	0.		Telephone No.				



_	employed? (please circle)	If you are self-employed, you will also need t			
Yes	No	complete a Self-employed Statement Form.			
-		as well as a P45 form if you have one. Please			
CC	onfirm these are encl	losed with this form (please circle)			
	Yes	No			

	Bank/Building Society Name													
	Bank/Building Society Address (Including Postcode)													
Bank														
B	Name on Account							Account Number (8 digits)						
	Sort Code							Reference No. or Building Society Roll No.						
								(only applicable 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				
Customer (Employer)						
-	signing on behalf of the client	Forename	Surname			
	amed representative, please confirm your name					
PA/Carer (Employee)						