PHB Payroll Service

New Starter Form

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| **PHB Service User’s name:** |  |
| **Employer Name:**  If different from above. |  |
| **Employer Address:** |  |
| **Postcode**: | **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_** |
| **Is the PHB Service User a Child or Adult?** | ☐ Child ☐ Adult |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name**: (Please Circle)  Mr/Mrs/Miss/Ms/Other | |  | | |
| **Employee Address:** | |  | | |
| **Postcode:** | | **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_** | | |
| **Employees NI Number:** | | ☐☐ ☐☐ ☐☐ ☐☐ ☐ | | |
| **Date of Birth:** | | ☐☐ **/** ☐☐ **/** ☐☐☐☐ | | |
| **Bank Account name:** | |  | | |
| **Account No:** | ☐☐☐☐☐☐☐☐ | | **Sort Code:** | ☐☐-☐☐-☐☐ |

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| --- | --- | --- | --- |
| **Employment Start date:** | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_** | | |
| **No Hours per week:** | **\_\_ \_\_** | **No Nights per week:** | **\_\_** |
| **Rate per hour:** | **£ \_\_ \_\_ . \_\_ \_\_** | **Rate per Night:** | **£ \_\_ \_\_ . \_\_ \_\_** |

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| **Employee Statement:**  **Please tick only one of the following statements** | |
| A ☐ | This is my first job since 6th April, and I have not received any taxable allowances, benefits, or pensions. |
| B ☐ | This is now my only job but since last 6th April I have had another job or received taxable allowances or incapacity benefit. I do not receive a state or occupational pension |
| C ☐ | As well as this job, I have another job or receive a state or occupational pension |

**Notice for employees:**

As your Employer I will process the above personal information as necessary to perform a contract; this information will be held to enable me to adhere to the requirements of your employment contract. I will share your information with the Personal Health Budget Team, NEST Pension Fund, HMRC and other organisations when required in relation to your employment.

The Personal Health Budget Team and I will hold your Personal Information for a maximum period of 6 years after the end of your employment. All information will be destroyed after that date.

**Notice for employers:**

By signing this form, you are agreeing that you have read and agree to your employer responsibilities which can be found in your Payroll Service Agreement Booklet that you have been provided with.

I confirm that all details given in this form are accurate and up to date.

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| --- | --- |
| **Employees** Signature: |  |
| Date: | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_** |

|  |  |
| --- | --- |
| **Employers** Signature: |  |
| Date: | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_** |

**This form must be returned by email to:**

[**phb@sefton.gov.uk**](mailto:phb@sefton.gov.uk)

**or alternatively by post to:**

Sefton Carers Centre,

Personal Health Budget Team, 27-37 South Road,

Waterloo, L22 5PE