

Employer Details Form

Bolton



This form is to be completed by the legal employer – this may be the individual with care and support needs or a suitable person. Please refer to your signed Direct Payments Agreement with your Council or Clinical Commissioning Group. If you are unsure or ask your local Direct Payment Support Service.

Have you ever employed staff for a carers scheme before? Yes ☐ No ☐

Did you use a payroll service for the carers scheme? Yes ☐ No ☐

If yes, please provide your PAYE reference number and ACCOUNT OFFICE reference number (supplied by HMRC) below. We require this to transfer your information to our service.

Name of previous payroll provider: _____

PAYE Reference: _____

ACCOUNTS OFFICE Reference: _____

Have you opted for a prepayment card Yes ☐

Have you opted to use a Supported Banking Service Yes ☐

If yes, please select your provider from one of the following:

- Disability Positive
- Other _____

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Employer and Service User Details

Title of Employer: _____

Name of Employer: _____

Employer's NI number: _____

Employer's Address: _____

Post Code: _____

Email Address: _____

Phone No: _____

Mobile: _____

Name of Service User: _____

Service User's Date of Birth: _____

Service users NI number (If applicable): _____

Pay Frequency:

<ul style="list-style-type: none">• 4-Weekly (13 pay periods per year)	
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Declaration

I declare that the information given above is true and accurate:

Signed _____

Date: ____/____/____

Print Name: _____