

Service Application for Direct Payment Clients

Download your FREE COPY of our Information Booklet for Service Uses on our website

– www.pay-partners.co.uk

Applicants Full Name

✓ Tick to indicate which type
of service you are applying for

Payroll Service only
(You hold your own funding
in a bank account)

☐

Managed Account for Payroll
(PayPartners holds funds on
your behalf)

☐

Managed Account for Payroll &
Invoice payments
(PayPartners holds funds on
your behalf)

☐

Managed Account for Invoice
Payments only
(PayPartners holds funds on
your behalf)

☐

We realise that this application booklet may seem daunting and for that we are sorry, but we do require certain information before we can process your application. You can call PayPartners on the telephone or e-mail us if you require any help completing the information. We are unfortunately unable to pay a home visit.

Please complete as much information as you can on the following pages. Everything we ask you for is essential. Missing information could hold up your application.

A member of the PayPartners team will contact you when we receive this completed application. We may ask you for further information if anything is missing.

PayPartners Ltd, Lancastrian Office Centre, Talbot Road, Stretford, M32 0FP
Tel 0161 667 3650 E-mail payroll@pay-partners.co.uk www.pay-partners.co.uk



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The “SERVICE USER” (the applicant) full details. Must be completed in ALL cases.

Title			
Forename(s)			
SURNAME			
Address Line 1			
Address Line 2			
Address Line 3			
Town/City			
Post Code			
Landline Telephone Number			
Mobile Telephone Number			
E-mail Address			
Date of Birth		Age	
National Insurance Number		Gender	

If you wish to nominate a person to act on your behalf, please tell us about this person on the next page

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My “Nominated Contact Person” full details. To be completed only if the applicant wants to use a nominee.

Title					
Forename(s)					
SURNAME					
Address Line 1					
Address Line 2					
Address Line 3					
Town/City					
Post Code					
Landline Telephone Number					
Mobile Telephone Number					
E-mail Address					
Date of Birth					
National Insurance Number				Gender	
Relationship to the Service User	Spouse Husband/Wife	Sibling Brother/Sister	Child Son/Daughter	Parent Father/Mother	Other
Do you hold Power of Attorney?	Yes / No				

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PayPartners Service AGREEMENT. Must be signed in ALL cases.

Between

- (1) **PayPartners Ltd**, Lancastrian Office Centre, Talbot Road, Stretford, Manchester M32 0FP ("PayPartners Ltd") and
- (2) **The Service User (the applicant named on page 2) or the Nominated Contact Person (the nominee named on page 3)**

IN WITNESS whereof the duly authorised representatives of PayPartners Ltd and the Applicant and/or the Nominated Contact Person have hereunto set their hands the day and year first before written

Signed by for and on behalf of PayPartners Ltd

Signature	
Printed Name	Stephen R Moreton
Date	DD/MM/YYYY

Signed by for and on behalf of the Applicant

Signature	
Printed Name	
Date	

Signed by for and on behalf of the Nominated Contact Person

Signature	
Printed Name	
Date	

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About your Support Plan/Personal Budget

Have you been issued with a support plan?	Yes	Not yet
Will you be required to make a payment to 'Top Up' your support plan?	Yes	No
If Yes, how much do you need to pay?	£	Per

I have my support plan and I will be employing a Carer/PA to deliver my care:

What date does your support plan/budget start?	Date here
How many Carers/PA's will you initially employ?	1 2 3 4+
What are the maximum number of hours per week you can employ a Carer/PA's for?	Hours per week
Have you recruited your Carer/PA's yet?	Yes / No
If YES, what will their start dates be?	Date here

OR

I have my support plan and I will be using an Agency to deliver my care (not a carer/PA)

What are the maximum hours you can buy?	
Which agency will you use to buy care from?	
What is the maximum hourly rate you can buy care in for?	

OR

I don't have my support plan yet

When do you expect your support plan/budget to start?	Date here	
Will you be employing a carer/PA to deliver your care?	Yes	No
Will you be using an Agency to deliver your care?	Yes	No

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Top Ups and Personal contributions

If you are choosing a PayPartners **Managed Account** and have a contribution to pay you will have to pay your contribution to PayPartners. This will have been communicated to you by your Local Authority Council and/or your Social Worker. You can pay this by Standing Order through your bank. Our details are below.

I have to pay a top up/contribution to my support plan (please circle)	Yes	No
The amount I have to pay per week is	£	
This will start on (enter date)		

To pay by Standing Order

PayPartners Bank	Natwest
PayPartners Sort Code	01-10-01
PayPartners Account Number	63233282
PayPartners Account Name	PayPartners Client Account
Reference to quote	The “applicants” full name

It is your responsibility to ensure any contributions to your support plan are kept up to date. If your payment changes you must increase or decrease your standing order accordingly.

If you have any difficulty in meeting your payment or your circumstances change and you cannot keep up your payment, you should contact your Local Authority/Council or your Social Worker immediately. Non payment could affect PayPartners paying for your support.

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IDENTIFICATION “ID”. Must be supplied in ALL cases.

In common with all accountancy and legal practices, PayPartners is required by the Proceeds of Crime Act 2002 and the Money Laundering Regulations 2007 to:

- Maintain identification procedures for clients and beneficial owners of clients
- Maintain records of identification evidence and the work undertaken for the client, and
- Report, in accordance with the relevant legislation and regulations

PayPartners is required to verify ALL our applicants. We do this by checking acceptable “ID”.

Send/Supply ONE document from List A.

If you cannot do this then send/supply ONE document from each of List B & List C

List A	List B	List C
In date Passport	A Utility bill showing YOUR FULL NAME & ADDRESS	A second document which should be either Government issued, or issued by a judicial authority, a public sector body or authority, or issued by another FSA regulated firm in the UK financial services sector or in a compatible Jurisdiction. This document must show YOUR FULL NAME & ADDRESS or date of birth
In date Photo Driving Licence		
Identity Card (Non UK National)	Any recent Government issued document showing YOUR FULL NAME & ADDRESS for example housing or council tax benefit letter, tax credit entitlement letter, pension tax credit letter, letter from HMRC, in date paper driving licence	
Identity Card issued by the Electoral Office (Northern Ireland)		

How to present your documents:

- Posting the original(s) with this application (recorded post recommended especially for Passports – which we will copy & return to you by recorded post).
- Posting a verified copy of the original(s) - a verified copy is one that shows an original signature of a Solicitor or Accountant for example but NOT a family member.
- By personal representation at our offices: Third Floor, Lancastrian Office Centre, Talbot Road, Stretford, Manchester M32 0FP, between 8.30 a.m. and 5.00 p.m. Monday to Friday

Please answer the following Questions	Applicant	Applicants Partners of Nominated Contact Person
If you have to make a personal contribution, your sources of Capital e.g. Employed Income, A Pension, Investments, Savings		N/A
Are you or have you been subject to Bankruptcy proceedings?	YES / NO	YES / NO
Are you or have you been a disqualified Company Director?	YES / NO	YES / NO
Any other business interests?	YES / NO	YES / NO

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Statement from Social Worker/Direct Payment Support Worker Form

This form is to be used where the proposed applicant is struggling to provide suitable ID. Where this is the case, PayPartners will accept the applicants Social Worker or Direct Payments Team representative to vouch and complete the required information below.

To PayPartners Ltd

I, _____ employed by _____ council
as a _____, can verify and confirm for the proposed Service

User named below (circle each statement):

1	I have met the proposed service user named below	Yes / No
2	The proposed applicant lives at the address below (where the payroll account will be registered)	Yes / No
3	The proposed applicant is or will be entitled to a direct payment or funding to pay for their care	Yes / No
4	I have enclosed a utility bill confirming 2 & 3 above	Yes / No

Name of Service User	
Service User address	
Post Code	

Signed	
Print Name	
Date	

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Paying PayPartners for the service

You can choose to pay us for the service we provide by any of the following methods:

1. Cheque

Make your cheque payable to “PayPartners Ltd”, and post it to us at: PayPartners Ltd, Lancastrian Office Centre, Talbot Road, Stretford, Manchester, M32 0FP

2. Debit/Credit card

Telephone us to make a payment. Our numbers are: 0161 667 3650 or 0800 515 620

3. Direct Debit

Question: What is a “Direct Debit”?

Answer: A “Direct Debit” is where you provide PayPartners with your bank account details to allow us to collect money from you when we need to. Your authority gives us permission to collect variable amounts of money but we must write to you before we collect it from your account.

All payments collected by PayPartners using Direct Debit method are covered by the Direct Debit Guarantee. There is a Direct Debit mandate form on page 10 of this application.

4. Standing Order

Question: What is a “Standing Order”?

Answer: A “Standing Order” is where you instruct your bank to make a fixed payment to PayPartners on a regular basis. If the amount you need to pay changes you must instruct your bank to change the payment on the Standing Order.

If you want to pay your invoice for our service using Standing Order you will need to contact your bank and quote the following details. You must include your name as a reference on your payment so we can identify the money.

Our Bank	Nat West	Sort Code	01-10-01
Account Number	63070812	Account Name	PayPartners Ltd

I intend to make payment by (please tick):

1. Cheque	2. Debit Card	3. Standing Order	4. Direct Debit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send it to:

PayPartners Ltd
Lancastrian Office Centre
Talbot Road
Stretford
Manchester
M32 0FP

Service user number

6	9	7	2	2	0
---	---	---	---	---	---

Name(s) of account holder(s)

Bank/building society account number

--	--	--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FOR PAYPARTNERS OFFICIAL USE ONLY
This is not part of the instruction to your bank or building society.

Instruction to your bank or building society

Please pay PayPartners Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with PayPartners Ltd and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

DDI1

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, PayPartners Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request PayPartners Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by PayPartners Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when PayPartners Ltd asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify PayPartners Ltd.

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The following pages only require completion if you are applying for a payroll service or a Managed account payroll service.

If this application is for a Managed account to pay for Invoices only then you are not required to complete any more details. Return this application in the envelope provided.

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Communicating & Acting with HMRC on your behalf

As part of our payroll processing service, PayPartners will open a PAYE (Pay As You Earn) account with HMRC as the tax and national insurance deductions from your PA's/Carers wages will need to be paid over to the UK Government. Effectively you become an employer and there are obligations placed upon you to comply with the tax laws. PayPartners will help you in connection with these matters, to do so we require your authority on the following form. This should be completed by the Applicant (named on page 5) or Nominated Contact Person (named on page 6) of this application.

Form 64-8 – Authorising your agent

Completion of (and your signature on) this form gives HMRC authority to exchange and disclose information about your payroll with PayPartners and for PayPartners to deal with HMRC on matters arising out of PAYE only

Page 13: Please only complete the details where we have marked and enter:

*1 Your Name	*2 Your Signature	*3 The Date	*4 Your Address, Post-Code and Telephone number
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Authorising your agent

Please read the notes on the back before completing this authority. This authority allows us to exchange and disclose information about you with your agent and to deal with them on matters within the responsibility of HM Revenue & Customs (HMRC), as specified on this form. This overrides any earlier authority given to HMRC. We will hold this authority until you tell us that the details have changed.

Please tick the box(es) and provide the reference(s) requested **only** for those matters for which you want HMRC to deal with your agent.

***1**

I, (print your name) _____

of (name of your business, company or trust if applicable) _____

authorise HMRC to disclose information to _____
(insert business name)

PayPartners Ltd

I agree that the nominated agent has agreed to act on my/our behalf, and the information is correct and complete.
The authorisation is limited to the matters shown on the right-hand side of this form.

Signature see note 1 overleaf before signing _____

Date _____

***2**

***3**

***4**

Give your personal details or company registered office here

Address _____

Postcode _____

Phone number _____

Give your agent's details here

Address _____

Lancastrian Office Centre
Talbot Road
Stretford
Manchester

Postcode _____

M32 0FP

Phone number _____

0161 667 3650

Agent codes (SA/CT/PAYE) _____

HI7417
K18RHQ47345L

Client reference _____

Direct Payment Service User

For official use only

SA	<input type="checkbox"/>	/	/	COTAX	<input type="checkbox"/>	/	/
NIRS	<input type="checkbox"/>	/	/	EBS	<input type="checkbox"/>	/	/
COP	<input type="checkbox"/>	/	/	VAT	<input type="checkbox"/>	/	/
NTC	<input type="checkbox"/>	/	/	COP link	<input type="checkbox"/>	/	/

64-8

Individual*/Partnership*/Trust* Tax Affairs ☐ *select ☐

*delete as appropriate (including National Insurance)

Your National Insurance number (individuals only) _____
If you are self employed tick here ☐

Unique Taxpayer Reference (UTR) (if applicable) _____
If UTR not yet issued tick here ☐

If you are a Self Assessment taxpayer, we will send your Statement of Account to you, but if you would like us to send it to your agent instead, please tick here ☐

Tax credits ☐

Your National Insurance number (only if not entered above) _____

If you have a joint tax credit claim and the other claimant wants HMRC to deal with this agent, they should sign here
Name _____

Signature _____

Joint claimant's National Insurance number _____

Corporation Tax ☐

Company Registration Number _____

Company's Unique Taxpayer Reference _____

NOTE: Do not complete this section if you are an employee. Only tick the box if you are an employer operating PAYE

Employer PAYE Scheme ☐

Employer PAYE reference _____

VAT ☐ (see notes 2 and 5 overleaf)

VAT Registration Number _____
If not yet registered tick here ☐

HMRC 08/11

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1 Who should sign the form

If the authority is for

Who signs the form

You, as an individual

You, for your personal tax affairs

A Company

The secretary or other responsible officer of the company

A Partnership

The partner responsible for the partnership's tax affairs. It applies only to the partnership. Individual partners need to sign a separate authority for their own tax affairs

A trust

One or more of the trustees

2 What this authority means

• For matters other than VAT or tax credits

We will start sending letters and forms to your agent and give them access to your account information online. Sometimes we need to correspond with you as well as, or instead of, your agent.

For example, the latest information on what Self Assessment (SA) forms we send automatically can be found on our website, go to www.hmrc.gov.uk/sa/agentlist.htm or phone the SA Helpdesk on **0845 9000 444**.

You will not receive your Self Assessment Statements of Account if you authorise your agent to receive them instead, but paying any amount due is your responsibility.

We do not send National Insurance statements and requests for payment to your agent unless you have asked us if you can defer payment.

Companies do not receive Statements of Account.

• For VAT and tax credits

We will continue to send correspondence to you rather than to your agent but we can deal with your agent in writing or by phone on specific matters. If your agent is able to submit VAT returns online on your behalf, you will need to authorise them to do so through our website. For joint tax credit claims, we need both claimants to sign this authority to enable HM Revenue & Customs to deal with your agent.

3 How we use your information

HM Revenue & Customs is a Data Controller under the Data Protection Act 1998. We hold information for the purposes specified in our notification to the Information Commissioner, including the assessment and collection of tax and duties, the payment of benefits and the prevention and detection of crime, and may use this information for any of them.

We may get information about you from others, or we may give information to them. If we do, it will only be as the law permits to:

- check the accuracy of information

- prevent or detect crime
- protect public funds.

We may check information we receive about you with what is already in our records. This can include information provided by you, as well as by others, such as other government departments or agencies and overseas tax and customs authorities. We will not give information to anyone outside HM Revenue & Customs unless the law permits us to do so. For more information go to www.hmrc.gov.uk and look for *Data Protection Act* within the *Search* facility.

4 Multiple agents

If you have more than one agent (for example, one acting for the PAYE scheme and another for Corporation Tax), please sign one of these forms for each.

5 Where to send this form

When you have completed this form please send it to:

HM Revenue & Customs
Central Agent Authorisation Team
Longbenton
Newcastle upon Tyne
NE98 1ZZ

There are some exceptions to this to help speed the handling of your details in certain circumstances. If this form:

- accompanies other correspondence, send it to the appropriate HM Revenue & Customs (HMRC) office
- is solely for Corporation Tax affairs, send it to the HMRC office that deals with the company
- is for a High Net Worth or an expatriate customer, send it to the appropriate High Net Worth Unit or the Manchester Expat Team
- accompanies a VAT Registration application, send it to the appropriate VAT Registration Unit
- has been specifically requested by an HMRC office, send it back to that office.

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Auto Enrolment (AE) Pension

This will apply to you if you are going to employ a carer/PA. **Even if your carer/PA does not want a pension scheme there are still duties you have to perform as an employer.**

You need to decide if you want PayPartners to help you with your AE pension obligations. If you do not then we will assume you will find your own AE pension scheme and upload data to your chosen pension provider by your own means.

PayPartners are working with **NEST Pensions**. NEST is an on-line solution (as with the majority of most other AE pension providers). It's **FREE** to use NEST!

To assist us we will need your valid e-mail address or that of your nominated contact person as NEST will ask you to approve and authorise your pension scheme via PayPartners on an e-mail. You will also be required to enter into and authorise a Direct Debit agreement with NEST for collection of contributions. You will complete this on-line when you are invited to set up your pension scheme.

YES	I want PayPartners to act on my behalf for AE pension using NEST Pensions.	Tick
NO	I do not want PayPartners to act on my behalf for AE pension	Tick

Bank Details for collection of pension contributions (this will be the bank account you are operating your Direct Payments budget from). **This must be completed!**

Sort Code	Account Number
Account Holder Name	

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Employers Liability (Compulsory Insurance) Act 1969

Employers are responsible for the health and safety of their employees while they are at work. **Their workplace is YOUR HOME.** Your employees (PA's/Carers) may be injured at work or former employees may become ill as a result of their work whilst in your employment. They might try to claim compensation from you if they believe you are responsible. The Employers Liability (Compulsory Insurance) Act 1969 ensures that you have at least a minimum level of insurance cover against any such claims. The recommendation is that you must be insured for at least £5 million.

You are only required by law to have employers liability insurance for people you employ under a contract of service or apprenticeship. This may include self-employed PA's/Carers. If you use the services of care agencies only then you will not generally need employers liability insurance.

PayPartners are aware of the following employers liability insurers who provide suitable policies:

Company	Telephone	Policies from
Direct Care	01482 882 223	£68.75 per year
Ellis Bates	01423 724 472	£70.00 per year
Fish Insurance	0500 432 141	£77.00 per year
Premier Care	01476 514 478	£61.00 per year

PayPartners positively encourages you to think about your needs and apply for employers liability insurance where needed. Please call one of the above companies to decide if this is appropriate for you.

When you take out or renew an Employers Liability (Compulsory Insurance) Act 1969 policy you will be given a certificate which must be displayed where your employees can easily read it. Failure to display the certificate can lead to a fine of up to £1000; and you can be fined up to £2500 per day if you do not hold a current employers liability insurance policy which complies with the law.

Protect your employees. Protect yourself.

PayPartners will need evidence (where appropriate) that you are adequately insured. To help us in this quest please tick below as appropriate

- ☐ I am applying for employers liability insurance and will either
a) Forward the invoice to PayPartners for payment (**Managed accounts only**) or
b) Forward a copy of the policy to PayPartners when I receive the certificate.
- ☐ I already have adequate employers liability cover. I will forward a copy of the policy to PayPartners with this application or in due course.
- ☐ I will not require employers liability insurance as I am only using care agencies.

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Carer/PA Starter Form - PA No 1

New Employee Details

Title	Gender		Marital Status
Forename	1 st Forename	2 nd Forename	
Known as			
Surname			
Address 1			
Address 2			
City		Post Code	

Date of Birth	
E-mail Address	
START DATE	

Bank Account Number			
Account Holders Name			
Bank Sort Code			
Bank Name		Bank Branch	
This is my own Bank Account		Someone else's Bank Account (please state)	
Yes / No			

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PA Starter Form - PA No 1 (continued)

STARTER DECLARATION (submit a P45 if you have one)

Please read all the following statements (A, B and C) and TICK the **ONE** that applies to you. Do not tick more than one. If you are unsure which statement to tick, do not tick any and we will place you on the emergency tax code 0T.

Statement Letter	Statement	Tick if this applies to you
A	This is my first job since 6 th April last and I HAVE NOT been receiving taxable Jobseekers Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.	
B	This is now my only job, but since 6 th April last I HAVE had another job, or have received taxable Jobseekers Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational pension.	
C	As well as my new job, I have another job or receive a State or Occupational pension.	

Do you have a Student Loan Plan described below which is not fully repaid?			Are you paying your Student Loan directly to the Student Loans Company by agreed monthly payments?
Yes / No			Yes / No
What type of Student Loan do you have?*			Did you complete or leave your studies before April 6?
Plan 1	Plan 2	Plan 4	Yes / No

*You will have a Plan 1 Student Loan if you lived in Northern Ireland when you started your course or you lived in England or Wales and started your course before September 2012. You will have a Plan 2 Student Loan if you lived in England or Wales and started your course on or after 1 September 2012. You will have a Plan 4 Student Loan if you lived in Scotland and applied through the Students Award Agency Scotland (SAAS) when you started your course.

Do you have a Postgraduate Loan described below which is not fully repaid?		Are you paying your Postgraduate Loan directly to the Student Loans Company by agreed monthly payments?
Yes / No		Yes / No
Did you complete or leave your studies before April 6?		Blank for Future Use
Yes / No		Blank for Future Use

*You will have a Postgraduate Loan if you lived in England and started your Postgraduate Masters course on or after 1st August 2016 or you lived in Wales and started your Postgraduate Masters course on or after 1st August 2017 or you lived in England and Wales and started your Postgraduate Doctoral course on or after 1st August 2018.

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PA Starter Form - PA No 1 (continued)

National Insurance Number								Do you have the right to work in the UK?	
Telephone Numbers		Landline						Mobile	
How did you become aware of this position? For example, 'Word of Mouth', Advertisement, Recruitment Agency, Job site etc?								I became aware of the position through:	
Are you related to the employer?				Yes / No		If Yes, how?		Answer	
Do you perform the same kind of work for any other employer?								Answer	

Hours to be worked & pay rates

Total Weekly Hours	Pay Rate
	£

OR

Day	MON	TUE	WED	THU	FRI	SAT	SUN
Hours							
Pay Rate	£	£	£	£	£	£	£

Employee Signature		Date	
--------------------	--	------	--

Data Protection Statement - The information you provide on this form will be used for the purposes of calculating payroll and pensions data. In providing this service to your employer, you consent to your personal data being included on a computerised database and consent to PayPartners sharing your personal details to the Local Authority that supervises your employer. We may check the information collected with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways permitted or required by law.

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PA Starter Form - PA No 2

New Employee Details

Title	Gender		Marital Status	
Forename	1 st Forename		2 nd Forename	
Known as				
Surname				
Address 1				
Address 2				
City		Post Code		

Date of Birth	
E-mail Address	
START DATE	

Bank Account Number			
Account Holders Name			
Bank Sort Code			
Bank Name		Bank Branch	
This is my own Bank Account		Someone else's Bank Account (please state)	
Yes / No			

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PA Starter Form - PA No 2 (continued)

STARTER DECLARATION (submit a P45 if you have one)

Please read all the following statements (A, B and C) and TICK the **ONE** that applies to you. Do not tick more than one. If you are unsure which statement to tick, do not tick any and we will place you on the emergency tax code 0T.

Statement Letter	Statement	Tick if this applies to you
A	This is my first job since 6 th April last and I HAVE NOT been receiving taxable Jobseekers Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.	
B	This is now my only job, but since 6 th April last I HAVE had another job, or have received taxable Jobseekers Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational pension.	
C	As well as my new job, I have another job or receive a State or Occupational pension.	

Do you have a Student Loan Plan described below which is not fully repaid?			Are you paying your Student Loan directly to the Student Loans Company by agreed monthly payments?
Yes / No			Yes / No
What type of Student Loan do you have?*			Did you complete or leave your studies before April 6?
Plan 1	Plan 2	Plan 4	Yes / No

*You will have a Plan 1 Student Loan if you lived in Northern Ireland when you started your course or you lived in England or Wales and started your course before September 2012. You will have a Plan 2 Student Loan if you lived in England or Wales and started your course on or after 1 September 2012. You will have a Plan 4 Student Loan if you lived in Scotland and applied through the Students Award Agency Scotland (SAAS) when you started your course.

Do you have a Postgraduate Loan described below which is not fully repaid?	Are you paying your Postgraduate Loan directly to the Student Loans Company by agreed monthly payments?
Yes / No	Yes / No
Did you complete or leave your studies before April 6?	Blank for Future Use
Yes / No	Blank for Future Use

*You will have a Postgraduate Loan if you lived in England and started your Postgraduate Masters course on or after 1st August 2016 or you lived in Wales and started your Postgraduate Masters course on or after 1st August 2017 or you lived in England and Wales and started your Postgraduate Doctoral course on or after 1st August 2018.

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PA Starter Form - PA No 2 (continued)

National Insurance Number								Do you have the right to work in the UK?	
Telephone Numbers		Landline						Mobile	
How did you become aware of this position? For example, 'Word of Mouth', Advertisement, Recruitment Agency, Job site etc?						I became aware of the position through:			
Are you related to the employer?				Yes / No		If Yes, how?		Answer	
Do you perform the same kind of work for any other employer?						Answer			

Hours to be worked & pay rates

Total Weekly Hours	Pay Rate
	£

OR

Day	MON	TUE	WED	THU	FRI	SAT	SUN
Hours							
Pay Rate	£	£	£	£	£	£	£

Employee Signature		Date	
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Data Protection Statement - The information you provide on this form will be used for the purposes of calculating payroll and pensions data. In providing this service to your employer, you consent to your personal data being included on a computerised database and consent to PayPartners sharing your personal details to the Local Authority that supervises your employer. We may check the information collected with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways permitted or required by law.

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If you have more than 2 carers/PA's to set up please contact us for extra new starter forms OR download them from our website.

Now return this completed application in the envelope provided with your ID.

If you have missed any part of this document that we require completing this will delay set up of your account. We will call and or write to you with details of anything we are missing.

Once your account has been opened we will confirm this with you.

Service Application for Direct Payment Clients

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Tel: 0161 667 3650 Freephone: 0800 515 620

E-mail: payroll@pay-partners.co.uk

We are open Monday – Friday each week from 8.30 a.m. until 5.00 p.m.

Closed on Bank Holidays

Outside of business hours you can leave a message on our answering service. We will contact you on the next working day

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**You can download this form plus calendars and starter forms on our website in the
“Resources and Downloads” section on the Direct Payments page**

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