Direct Payments

New Starter Form

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| **Employer Name:**  Mr/Mrs/Miss/Ms/Other |  |
| Employer Address: |  |
| Postcode: |  |
| Service Users Name: (If different) |  |
| Is the Service User a Child or Adult? | Child / Adult |
| Employers Email Address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name**:  Mr/Mrs/Miss/Ms/Other | |  | | |
| Employee Address: | |  | | |
| Postcode: | |  | | |
| Employees NI Number: | |  | | |
| Date of Birth: | |  | | |
| Employees Email Address: | |  | | |
| Bank Account name: | |  | | |
| Account No |  | | Sort Code | **- -** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employment Details** | | | Start / Amended Date | | | | | | | | |  | | | | | | | |
| No Hours per week | |  | | | | | | No Sleepovers per week | | | | | | | |  | | | |
| Rate per hour | | **£** | | | | | | Rate per sleepover | | | | | | | | **£** | | | |
| Hours per day / working days | M | | |  | T |  | W | |  | T |  | | F |  | S | |  | S |  |
| sleepovers per day/working days | M | | |  | T |  | W | |  | T |  | | F |  | S | |  | S |  |

Disclosure and Barring Service (DBS) – **working with Children and Vulnerable Adults**

Before any adult can commence work, they are required to complete a DBS form online. To complete the form you need to email [dppayroll@sefton.gov.uk](mailto:dppayroll@sefton.gov.uk)

**Your employment cannot start until DBS clearance has been received by the Direct Payment’s Team.**

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| --- | --- |
| **Employee Statement:**  **Please circle 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 |

**Privacy Notice**

As your Employer I will process the above personal information as it is necessary to perform a contract; this information will be held to enable me to adhere to the requirements of your employment contract including pay, Inland Revenue and pension contributions.

When required, I will share your information with Sefton Direct Payments Team, NEST Pension Fund, HMRC and other organisations in relation to the obligation of processing your wage payments.

Sefton Direct Payments 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.

Payslips will be sent to you by electronically unless agreed with the Direct Payments Team.

I confirm that all details given in this form are accurate and up to date. I will complete a new form should my personal information need to be amended.

|  |  |
| --- | --- |
| **Employees** Signature: |  |
| Date: |  |

**By signing this declaration you are agreeing that you have read and understood the following responsibilities**

1. If you have decided to pay your employees over and above the maximum hourly rate advised by the Direct Payments Team, then you are responsible for this additional cost from your own personal funds should a shortfall occur in your account.
2. The Direct Payments Team cannot authorise the use of additional hours unless we receive confirmation of agreement from the Social Work Team.
3. 3. You must ensure that your Employee is paid the National Minimum Wage for hours worked, details of the current rates can be found at

[www.gov.uk/national-minimum-wage-rates](http://www.gov.uk/national-minimum-wage-rates)

|  |  |
| --- | --- |
| **Employers** Signature: |  |
| Date: |  |

**This form must be returned to:**

Sefton Carers Centre,

Direct Payments Team, 27-37 South Road,

Waterloo, L22 5PE.