

# DIRECT PAYMENTS

**STRICTLY CONFIDENTIAL**

## EMPLOYER DETAILS

Title		Forename		Surname	
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Address	
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Postcode	
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EMPLOYERS NATIONAL INSURANCE NO.
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Contact Telephone No.	
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Contact Email Address	
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Person receiving support if different from the employer	
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Do you receive:	Direct Payment only		ILF		Both	
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Are you already registered as an employer?	Yes/No
<i>If "Yes"</i> Do you have an Inland Revenue Payment Book?	Yes/No
<i>If "No"</i> We will do this on your behalf.	

How would you like to advise us of your PA's hours when payroll is due?							
Post		Telephone		E-mail		Text	
Automatic payroll to run the same each time							

What hours have Social Services assessed you as needing?	hours/week
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Where would you like the payslips to be sent?	Yourself		Employee	
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Is this a 3 <sup>rd</sup> party managed account	<input type="checkbox"/>
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