



**Managed
(payroll and payments)**

Guidance for completing forms

IMPORTANT: THIS FORM NEEDS TO BE COMPLETED IN THE NAME OF THE PERSON WHO IS IN RECEIPT OF DIRECT PAYMENTS/PERSONAL HEALTH BUDGET. IF IT IS A CHILD (UNDER 18) THEN IT NEEDS TO BE IN THE NAME OF THE RESPONSIBLE PARENT OR GUARDIAN.

REGISTRATION FORM



Registration Form for Payroll Service

1	Employer's Name	PETER EXAMPLE	
	Name of person DP/PHB scheme is for (if different from registered employer)	PETER EXAMPLE	
	Is the DP/PHB scheme for a child (up to 18 years old) and the parent is the registered employer?	YES / NO if yes, child date of birth:	
	Employer's National Insurance Number	AB 00 00 00 A	
	Employer's Date of Birth	01/01/91	
Address Line 1		123 EXAMPLE ROAD	
Line 2		EXAMPLE TOWN	
Line 3		EXAMPLE CITY	
Line 4			
Postcode		EX12 3AM	
Telephone Number		01 123 456 789	
Mobile Number			
Email Address		NAME@EXAMPLE.COM	
2	Free PaySAFE Online Payroll Portal saving the postage fee	<input checked="" type="radio"/> YES	<input type="radio"/> NO
	Free Text Reminder Service For clients submitting timesheets	<input checked="" type="radio"/> YES	<input type="radio"/> NO
3	Funding Body	EXAMPLE COUNCIL	
	Total Hours Funded For	123 HOURS PER MONTH	
	<i>If transferring from another provider:</i> Name of current payroll provider	NOT TRANSFERRING	
	Contact email for current provider		
4	Managed Account Only - Please advise us of your insurance provider (please circle) Please note that we will automatically renew your insurance on receipt of invoice/renewal letter from your chosen provider, unless you inform us otherwise.		
	Fish	Mark Bates (Premier Care)	Other (Please Specify)

Employer's Signature:

Date: 3.05.2023

- 1 Employer = The person who is employing someone to work for them.
- 2 PaySAFE is a free online portal where you have 24 hours access to your payroll documents, which can be saved and shared as necessary.
- 3 Funding body = The organisation providing the Personal health budget or Direct payment funding.
- 4 Please insure that you have signed up with an insurance provider.

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STARTER FORM



New Employee Starter Form

It is your responsibility to ensure your new worker's right to work in the UK before you employ them and complete the appropriate right to work checks. For advice please speak to your direct payment support service or employment law advisor through your insurance policy. Failure to complete these checks may lead to prosecution.

Employer's Details

1	Employer's name	PETER EXAMPLE	
	Payroll number (if known)		

EMPLOYEE SECTION:

This section is to be completed by the employee

Employee's personal details

2	Last name or family name	Test	
	First name(s)	Brenda	
	Are you male or female?	Male	Female <input checked="" type="checkbox"/>
	Date of birth	01.02.1973	

Home address

Address line 1	1 Any street
Address line 2	Any town
Address line 3	
Address line 4	
Postcode	AN12 3YT

National Insurance number (i.e. XX 12 34 56 X)	AN 01 12 23 3 Y
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Employee statement

You only need to complete this section of the form if you do not have a P45 from your last employer which was issued in the current financial year. If you do not have a P45 and need to complete this section of the form please make sure that you complete both sections before signing.

3 Please circle only **one** of the following statements **A**, **B** or **C**.

<input checked="" type="radio"/> A	This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension
<input type="radio"/> B	This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.
<input type="radio"/> C	As well as my new job, I have another job or receive a State or Occupational Pension.

- 1 This needs to be completed by the person employing a PA/Carer
- 2 This section needs to be completed by the PA / Carer who works for the person receiving direct payments or a personal health budget
- 3 **ONLY SELECT ONE OPTION.**
 - If the Employee has **NOT** had a job since las 6th April and has **NOT** Been in receipt of any taxable job seekers allowance, ESA, Taxable incapacity benefit or state or occupational pension (Circle A).
 - If this is the Employee's **ONLY** job, but since last 6th April they **HAVE** worked another job, or been in receipt of receipt of any taxable job seekers allowance, ESA, Taxable incapacity benefit or and do not receive a state or occupational pension (circle B)
 - If the Employee has another employment/job (circle C)

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1

Employment start date (DD/MM/YYYY)	1.05.2023	
P45 attached	Yes	No

Student Loan

Do you have a student loan which is not fully repaid? Circle one.

YES	NO
-----	----

Are you paying your Student Loan to the Student Loans Company by agreed monthly payments? Circle one.

YES	NO
-----	----

Student Loan Plans

You will have a Plan 1 Student Loan if any of the following apply:

- You lived in Northern Ireland when you started your course
- You lived in England or Wales and started your course before 1 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.

What type of Student Loan do you have? Circle one.

Plan 1	Plan 2	Plan 4
--------	--------	--------

Did you finish your studies before last 6 April? Circle one.

YES	NO
-----	----

Postgraduate Loan Plans

Do you have a Postgraduate loan which is not fully repaid? Circle one.

YES	NO
-----	----

You will have a Postgraduate Loan if:

- You lived in England and started your Postgraduate Master's course on or after 1 August 2016
- You lived in Wales and started your Postgraduate Master's course on or after 1 August 2017
- You lived in England or Wales and started your Postgraduate Doctoral course on or after 1 August 2018

Are you paying your Student Loan directly to the Student Loans Company via direct debit? Circle one.

YES	NO
-----	----

Did you finish your studies before last 6 April? Circle one.

YES	NO
-----	----

EMPLOYER SECTION:

This section is to be completed by the employer

3

Right to Work

This is a requirement for all new employees **BEFORE EMPLOYMENT BEGINS**. Evidence must be copied and retained with employee records.

Does the employee hold a UK Passport? Circle one.

YES	NO
-----	----

Is the employee a British citizen? Circle one.

YES	NO
-----	----

If you have circled 'No' to either of these questions then further checks will be required. Please refer to the Home Office checklist or contact your support service/insurance provider for assistance.

January 2023

Page 2 of 3

1 This needs to be completed by the person employing a PA/Carer. Please circle the necessary answer.

2 Please complete this section if you have a student loan.

3 You must check that your Employee has the right to work before employment begins. You need to seek evidence of this and keep a copy for your records.

- if you have answered no to these questions, please refer to the Right to Work checklist on the .GOV website.

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1 Evidence seen? Circle one.

<input checked="" type="radio"/> YES	<input type="radio"/> NO
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If necessary, have you completed the right to work checklist? Circle one.

<input type="radio"/> YES	<input type="radio"/> NO
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Does the employee have a time-limited right to work? Circle one.

<input type="radio"/> YES	<input checked="" type="radio"/> NO
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If 'Yes' please advise follow-up date	DD/MM/YYYY
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Pay Details

2 **IF YOUR EMPLOYEE'S HOURS CHANGE IN THE FUTURE YOU MUST INFORM US**

Normal gross pay rate	£	<u>£11.95</u>	Per hour
Weekend gross pay rate	£		Per hour
Bank hol gross pay rate	£		Per hour

Please tick **one** of the following boxes:

1. Employee working same hours each week	<input checked="" type="checkbox"/>
2. Employee working different hours each week	<input type="checkbox"/>
3. Cover carer only	<input type="checkbox"/>

If you ticked box 1, please put in the number of hours each day:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours:							

3 **Employee Bank Details**

Bank/Building Society Name	
Account Holders Name	
Sort Code	00 - 00 - 00
Account No	: : : : : :

I authorise my wages to be paid into an account that is not in my name, and I take full responsibility for recovering my wages from the third party.

By returning this form to David Howard Ltd. You confirm that your new employee is eligible to work in the UK.

4 Employer's Signature: [Signature]

Employee's Signature: [Signature]

Date: 3 / 5 / 2023

Please ensure ALL parts of the form are completed before sending to payroll. Any incomplete or incorrect forms will cause delays in your payroll being run.

- 1** Right to work section continued.
- 2** Please give us the details of the rate of pay for your PA, if you are unsure you can speak to your funding body. We also need to know the PA's working hours and pattern if they work the same hours each week.
- 3** Employee needs to provide bank details for the account they wish their wages to go into.
- 4** Both the Employer and Employee need to sign.

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HMRC 64-8 FORM

This form was updated in March 2022.

Read the Notes on page 3 before filling in this authority
If you do not have an agent but would like another person to communicate with HMRC on your behalf follow the guidance at www.gov.uk/appoint-tax-agent

This form overrides any earlier authority given to HMRC. HMRC may contact you in the future to reauthorise your agent relationship to comply with the UK General Data Protection Regulation (UK GDPR). For more details on what your agent will have access to, follow the guidance at www.gov.uk/government/publications/tax-agents-and-advisers-authorising-your-agent-64-8

To change your agent or withdraw your consent
Follow the guidance at www.gov.uk/guidance/change-or-remove-your-tax-agents-authorisation

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

I (print your name) PETER EXAPMLE
of (name of business, company or trust if applicable)
authorise HMRC to disclose information to (agent's business name)
DAVID HOWARD LTD

Give your personal details or company registered office here

Address 123 Example Road
Postcode EX12 3AM
Phone number

I confirm that the nominated agent has agreed to act on my behalf, and the authorisation is correct and complete. This authorisation is limited to the matters indicated on this form.

Signature
Date 3.05.2023

Give your agent's details here

Address 1 PARK ROAD
HAMPTON WICK
SURREY
Post code KT1 4AS
Phone number 02089773559
Agent code (SA)
Agent code (CT)
Client reference

Authorising your agent

Self Assessment If you tick this box you must give your National Insurance number (NINO) and/or your Unique Tax reference (UTR)

Partnership If you tick this box you must give your Unique Tax reference (UTR)

Your agent will have access to your Self Assessment, Partnership information such as your income, tax, national insurance, pension as well as your personal and financial information. For more information go to www.gov.uk/self-assessment

National Insurance number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Unique Tax reference (UTR) if applicable

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If UTR has not been issued

If you're a Self Assessment taxpayer we'll send your Statement of Account to you, but if you would like us to send it to your agent instead tick here

Paying any amount due is your responsibility.

Trust Your agent will have access to your personal and financial information for your trust for more information go to www.gov.uk/trusts-tax

Unique Tax Reference (UTR) if applicable

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Individual Payments you Earn (PAYE) Your agent will have access to your PAYE information such as your income, tax, national insurance, pension as well as your personal and financial information. For more information go to www.gov.uk/topic/personal-tax/income-tax

National Insurance number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CLEAR FORM

- Please complete the sections that are highlighted in yellow.
- You do not need to complete the crossed out section on this form.

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LETTER OF ENGAGEMENT



Dear Sir/Madam

PAYROLL SERVICES

Thank you for engaging us for the provision of payroll services. This letter, our [standard terms of business \(enclosed\)](#) and schedule of [payroll and managed services \(enclosed\)](#) set out the basis on which these are to be provided. Together these state your and our responsibilities in relation to the work to be carried out.

To allow us to provide a payroll or managed account service we are required to verify the ID of the account holder. We therefore request that you provide us with a copy of a Photo Identification such as passport, driving license or similar, plus a recent bill (less than 3 months old), bank statement or official letter which contains your name and address.

Please be aware that we reserve the right to complete an online check to verify the account holder's identification using CreditsafeUK. This may leave a soft check on your credit rating that will not affect your credit score.

We are bound by the code of ethics of Institute of Chartered Accountants in England and Wales and accept instructions to act for you on the basis that we will act in accordance with those ethical guidelines.

This letter supersedes any previous engagement letter for the period covered. The terms set out in this letter shall take effect immediately upon your countersigning this letter and returning it to us. If we are instructed to start work before receiving a signed copy of this letter we will treat that as acceptance of all the terms of this engagement letter, unless we hear from you to the contrary within 14 days of you giving that instruction.

Further assistance

If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, please let us know by contacting Mrs. Emma Barnes on 0800 029 7070. Further details are set out in our standard terms of business, section 8.

There are many areas where we can be of assistance and we shall be pleased to discuss any matters with you. You can find a full list of our services on our websites at www.davidhoward.co.uk and www.dhdirectpayments.co.uk

Confirmation of your agreement

If you cancel this contract, we will reimburse you for all payments received from you which do not relate to the services provided.

In providing you with this letter of engagement, our standard terms of business and, where applicable, the written notice of your right to cancel we have complied with necessary contracts regulations where applicable.

1 Park Road, Hampton Wick, Kingston upon Thames, Surrey, KT1 4AS TEL: 0800 029 7070
Email: payroll@davidhoward.co.uk | Web: www.dhpaysroll.co.uk

Part of the David Howard Group: Chartered Accountants (Registered Auditors), David Howard Limited, David Howard Consulting Limited
VAT Registered No. 788 5549 56 Company Registration No. 3345093

- Please complete the sections that are highlighted in yellow, on the second page of the form.

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Please confirm your agreement to the terms of this letter and associated schedules by electronic authorization by signing and submitting below. Once it has been agreed, this letter will remain effective until it is replaced.

This letter, together with the attached schedules, constitutes the entire contract between us. You or we may agree to vary or terminate our authority to act on your behalf at any time without penalty. Notice of variation or termination must be given in writing.

If this letter and the attached schedules are not in accordance with your understanding of our terms of appointment, please contact us.

Yours faithfully

David Howard

David Howard

We confirm that we have read and understood the contents of this letter and agree that it accurately reflects the services that we have instructed you to provide.

Signature

Date

<i>Example</i>	3.05.2023
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- Please sign and date this form.

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NEST TERMS AND CONDITIONS

Employer Terms and Conditions

Before you can start using NEST we need you to read the Employer Admission Agreement below and agree to the terms and conditions it mentions by ticking the box.

You can read the terms and conditions in the Employer's Terms and Conditions document and the Order and Rules document by clicking on the links on the right of this page. Please read these before ticking the box.

The terms and conditions must be accepted by the employer because they're responsible for complying with them.

If you're not ready to do this yet, you can come back and accept later but you won't be able to start using NEST until then. Remember, the employer is responsible for agreeing to the terms and conditions.

NATIONAL EMPLOYMENT SAVINGS TRUST (NEST) EMPLOYER ADMISSION AGREEMENT

In consideration of the Trustee admitting the Employer to participation in NEST under article 18 of the Order, the Employer agrees to the following terms and conditions as set out in Rule 6.2 of NEST's Rules.

1. The Employer shall at all times comply with the obligations of a Participating Employer set out in the Order and the Rules (as amended from time to time).
2. The Employer shall at all times comply with the following requirements in relation to the efficient administration of the Scheme:
 - (a) such requirements about the provision of information in relation to the Employer and any person employed by the Employer as the Trustee may determine to be necessary or desirable in order to admit that person to Membership and enable the Trustee to administer the Member's Pension Account;
 - (b) such requirements as the Trustee may determine to be necessary or desirable in order to obtain tax relief on Members' contributions;
 - (c) such requirements as the Trustee may determine to be necessary or desirable in order to facilitate the use of electronic communications and the electronic processing of data consistently with the requirements of the Data Protection Act 1998;
 - (d) such requirements as the Trustee may determine to be necessary or desirable to facilitate payments by the Employer to the Scheme and (if applicable) payments from the Scheme to the Employer;
 - (e) such requirements about website usage as the Trustee may determine to be appropriate; and
 - (f) such other or additional requirements as the Trustee may determine to be necessary or desirable in order to facilitate the efficient administration of the Scheme and limit the costs of the administration and management of the Scheme.
3. The Employer nominates the Employers' Panel to represent the Employer in the exercise of the functions conferred on the Employers' Panel by article 8 of the Order.
4. The Employer will make such payments to the Trustee as may be required under the Scheme's payment schedule applicable to the Employer and such charges (if any) as may be payable by Employer under the schedule of employer charges which the Trustee determines to be payable in order to recover from Employers the costs of the administration and management of the Scheme which the Trustee determines to be attributable to the acts or omissions of Employers.

The following are the words and expressions used in this Employer Admission Agreement that have the following technical meaning set out in the NEST Rules:

"Employer" means:


- (a) in relation to Great Britain, an employer for the purposes of section 88(7) of the Pensions Act 2008;
- or

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(b) in relation to Northern Ireland, an employer for the purpose of section 70(7) of the Pensions (No. 2) Act (Northern Ireland) 2008,
who applies to be admitted to participation in the Scheme;
"Employers' Panel" means the panel referred to in article 6(2)(b) of the Order;
"Member" means a person who has been admitted as a member of the Scheme under article 19 of the Order and whose Pension Account has not yet been fully discharged through the provision of one or more benefits under article 32 of the Order;
"Membership" means being a Member;
"Order" means the National Employment Savings Trust Order 2010 (SI 2010/917) which established the Scheme;
"Participating Employer" means an Employer that has been admitted to participation in the Scheme under article 18 of the Order and that has not terminated its participation;
"Pension Account" means an account maintained by the Trustee for a Member comprising:
(a) the Member's contributions;
(b) contributions made by any Participating Employer;
(c) any sums transferred into the Scheme in respect of the Member;
(d) investment returns; and
(e) any other amounts paid to the Trustee to be applied to the Member's Pension Account;
less any expenses and outgoings properly deducted by the Trustee;
"Rules" means the rules made under section 67 of the Pensions Act 2008.
"Scheme" means the National Employment Savings Trust established by the Order;
"Trustee" means the person appointed as trustee of the Scheme.

Please tick the box below to confirm that you agree to comply with the terms and conditions of becoming a participating employer in NEST.

I agree to be bound by the Employer Admission Agreement and the Employer Terms and Conditions.

Print Name PETER EXAMPLE	Signature 
------------------------------------	--

Date 3.05.2023

Please supply a current e-mail address

E-Mail Address pexample77@test.co.uk
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- Please complete the sections highlighted in yellow.

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TIMESHEET



PAS Timesheet

1

The best way to submit your hours is via email or use online timesheet. Our email address is payroll@davidhoward.co.uk, or please follow this link for the online timesheet www.cognitofrms.com/DavidHowardLtd/Timesheet

Employer's Name:	PETER EXAMPLE
Account reference number:	
Timesheet for the Month of:	MAY

1

Pay Rates	
Rate 1	£12.00
Rate 2	
Bank Holiday Rate	
Other	

Employer Signature: *[Signature]*

I confirm that the hours documented and the total hours for the month stipulated above are correct and have been worked by my PA(s). Any holiday hours have been taken as time off and I am not paying these on top of normal hours worked. I give authority for these hours to be processed via payroll

2

Employee's Name: <u>Brenda Test</u>		Notes: <hr/> <hr/> <hr/> <hr/>
Hours Rate 1	47 hours	
Hours Rate 2		
B/Holiday Hours		
Other		
Holiday Hours Rate 1	3 hours	
Holiday Hours Rate 2		

3

Employee's Name: _____		Notes: <hr/> <hr/> <hr/> <hr/>
Hours Rate 1		
Hours Rate 2		
B/Holiday Hours		
Other		
Holiday Hours Rate 1		
Holiday Hours Rate 2		

Employee's Name: _____		Notes: <hr/> <hr/> <hr/> <hr/>
Hours Rate 1		
Hours Rate 2		
B/Holiday Hours		
Other		
Holiday Hours Rate 1		
Holiday Hours Rate 2		

- 1** Pay Rates explained:
 - Rate One - This is the standard rate of pay that your PA receives.
 - Rate Two - The PA may have a different rate of pay for weekends or night work (check with your Funding body regarding this if necessary)
 - A Bank Holiday Rate may apply if your PA works on a bank holiday you can discuss this with your funding body.
- 2** Please let us know the amount of hours worked at each rate, for most this will just be the standard Rate 1.
- 3** Please let us know how many hours holiday was taken for the month, if any.