

SICA Support Personal Assistant Details Form

| Your Details | | | | | |
|----------------------------------|--|--|--------|--|--------------------|
| Name | Mr/Mrs/Ms/Miss <small>Delete as appropriate</small> | | | | |
| Marital Status | Married | | Single | | Other please state |
| Date of birth | | | | | |
| Gender | Male | | Female | | |
| National Insurance Number | | | | | |
| Home address | | | | | |

| | | | | |
|--|-------------|--|---------------|--|
| Contact telephone numbers | Home | | Mobile | |
| E-mail address <small>Required for payslip</small> | | | | |

| | | | | |
|--|-----|--|----|--|
| Are you a car driver | Yes | | No | |
| Do you own your own car that you can use for work | Yes | | No | |

| | | | | |
|----------------------------------|-----|--|----|--|
| Are you working elsewhere | Yes | | No | |
|----------------------------------|-----|--|----|--|

| | | |
|---------------------|----------------------------|--|
| Bank Details | Name on the Account | |
| | Sort Code | |
| | Account number | |

| | |
|--|--|
| Other relevant information – e.g. spoken languages etc. | |
|--|--|

Please note that you are employed / on contract directly to the named person as stated at the top of this form and not to SICA Support Ltd.

If you have stated you are self-employed/freelance you will need to provide monthly invoices for the work you carry out and all rates will include all National Insurance, Pension, Holiday Pay and tax for which you will be liable to pay directly. Please note the local/health authority reserve the right not to accept self-employed personal assistants

By completing this form, you agree for SICA Support to share your information with other appropriate people, e.g. prospective employers, HMRC, The Pension Regulator and local authorities

Signed _____

Date _____

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|-------------------------------|--|
| Client / Employer Name | |
|-------------------------------|--|