**Travel PTA Contractor Information Form**

The following details are required to ensure that we hold the correct information, which includes the information required to meet the Society’s due diligence requirements.

Please complete all fields legibly – ideally typed - then return to your Midcounties hiring manager.

**Personal Information**

|  |  |
| --- | --- |
| Title (Mr / Mrs / Ms / Dr / Other) |  |
| First Name |  |
| Preferred Name |  |
| Surname |  |
| Address 1 |  |
| Address 2 |  |
| Town / City |  |
| County |  |
| Postcode |  |
| Home Phone Number |  |
| Mobile Phone Number |  |
| Email address |  |
| Do you consider yourself to have a disability? | Yes / No |

**Contractor Specific Information**

|  |  |
| --- | --- |
| Have you previously worked for Midcounties in any capacity | Yes / No |
| If yes, please provide details |  |
| HMRC Status (select one) | Employee / Self-Employed / Personal Service Company (PSC) / Partnership (LLP or other) |
| Name of Personal Service Company (PSC) | If applicable |
| Unique Tax Reference (UTR) |  |
| Are you VAT Registered? | Yes / No |
| VAT Registration Number | If applicable |
| Company Registration Number | If applicable |
| Appropriate professional indemnity / liability insurance | Yes / No |

**Locum Name** **……………………………….**

**Date Completed xx/xx/xxxx**

For the Midcounties hiring manager to complete.

**Midcounties Information**

|  |  |
| --- | --- |
| Manager Name |  |
| Type of Hire | Agency Contractor / Self Employed Contractor / Service Contractor / Temp Contractor |
| Contractor Cost Centre |  |
| Contractor Work Location |  |
| Contractor Job Role |  |
| Contract Duration |  |
| Right to Work Type |  |
| Right to Work seen**\*** |  |
| Contract Start Date |  |
| Contract End Date |  |
| Right to Work Type (Passport etc) |  |
| Right to Work Valid | Yes / No |
| Right to Work Seen | Yes / No |
| Right to Work expiry (if non-EU national) |  |
| Pay Rate | Not applicable for PTAs |
| AD account required? | Not applicable for PTAs |
| VAT Registration Number checked | If applicable |
| Company Registration Number | If applicable |
| Appropriate company / professional insurance seen? | Yes / No |
| Has Employment Status Questionnaire been completed?**\*\*** | Yes / No / Not Required |
| Does Employment Status Questionnaire confirm self-employment status? | Yes / No / Not Required |

**Manager Name** **……………………………….**

**Date Completed xx/xx/xxxx**

**\*** Copy of the valid right to work is taken by the manager, signed and dated to confirm the original has been seen. The manager then loads on to eploy as proof of the contractor’s valid right to work in the UK.

\*\* Required for all direct contractors, ie, self-employed or Personal Service Company (PSC).