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| **IR 35 ‘OFF PAYROLL WORKER’ SET UP FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **NAME OF COMPANY OR PARTNERSHIP:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME OF INDIVIDUAL PROVIDING SERVICE (one form for each person)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forename |  | | | | | | | | | | | | | Middle Name(s) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Initials | | | | | | | | | | |  | | | | | | | | | |
| Title |  | | | | | | | | | | | | | | Date of Birth MANDATORY REQUIREMENT FOR HMRC PURPOSES eg 01/JAN/1980 | | | | | | | | | d | | d | | | | | m | | | m | | m | | | y | | | | | y | | y | | | y | |
| N.I. Number  MANDATORY REQUIREMENT |  |  | |  |  | |  | |  |  | |  |  | | Email address  MANDATORY REQUIREMENT | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <https://www.gov.uk/apply-national-insurance-number> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Address (MUST NOT BE A WORK ADDRESS) | | | | | | | | | | | | | | | BANK / BUILDING SOCIETY DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1 |  | | | | | | | | | | | | | | Sort Code | | | | | | | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | |  | | | |
| Address Line 2 |  | | | | | | | | | | | | | | Bank Account | | | | | | | | | |  | |  | | | | |  | | |  | | |  | | | | |  | |  | | |  | | |
| Address Line 3 |  | | | | | | | | | | | | | | Bank / Building Society Name | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 4 |  | | | | | | | | | | | | | | Bank / Building Society Branch | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 5 |  | | | | | | | | | | | | | | Building Society Roll Number | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post Code |  | | | | | | | | | | | | | | VAT registration Number (if applicable) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Phone number (OPTIONAL) |  | | | | | | | | | | | | | | Mobile number | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nature of the work being undertaken |  | | | | | | | | | | | | | | Specify if the work type is Academic or  Non-Academic | | | | | | | | | | ACADEMIC  NON ACADEMIC | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If you have a current P45 tax form please attach it to this form, if you do not have a P45 the code BR (Basic rate tax ) will be applied to your pay record**  **Signature of the Worker ………………………………………………………………. Date: …………………………………...**  **Please ensure all relevant paperwork is attached to the claim** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TO BE COMPLETED BY THE ENGAGER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Start Date :**  **DD/MMM/YYYY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCHOOL / PROFESSIONAL SERVICES DEPARTMENT |  | | | | | | | | | | | | | | | | | | | | | ENGAGER NAME  (Print) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| College |  | | | | | | | | | | | | | | | | | | Division | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| School |  | | | | | | | | | | | | | | | | | Department | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Cost Centre / Project |  | |  | | |  | |  | | |  | |  | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Analysis Code / Task Name |  | |  | | |  | |  | | |  | |  | | |  |  | | |  | | |  | | | | |
| Expense Code |  | |  | | |  | |  | | |  | |  | | |  |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | | | | |
| **Please specify:** **TOTAL VALUE OF CLAIM £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Applicable**  **Please specify: FEE £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPENSES £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Attach receipts)**  **VAT ELEMENT £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If Applicable)**  **Please specify: Represented number of worked hours for this claim \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **ENGAGER SIGNATURE on behalf of Cardiff University: ………………………………………..Date ..…………………………**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **AUTHORISED SIGNATORY : ……………………………………………………………………………………………………………………….** | |  | | | | | | | | | | | **DATE :** | |  | | | | | By signing this I confirm I have financial approval for the above GL Code / Project Number. | | | | | | | | | | | | |  |  |  |  |  |  | | **AUTHORISED SIGNATORY PRINT NAME : ………………………………………………………………………………………………….** |  |  | | | | | | | | | | | **DATE :** | |  | | | | | (For validation purposes)  **Date: ……………………………………………………** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **FOR PAYROLL USE ONLY** |
| Payroll Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_  P45 Y/N Tax code operated \_\_\_\_\_\_\_\_ No P45 use \_\_\_\_\_\_BR  Starter Declaration: I have another job or Pension  Pension scheme : N/A  Student Loan deductions : N/A  Check Apprentice levy deduction  Pay Code: Fees 1125 Expenses 1134 / 1135 VAT XXXX Actioned by: |