Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of PA (Personal Assistant)

PA’s Address:

Postcode: Email:

Tel: Mob:

Name of Child you will be employed to care for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The details you have provided here will be stored by me, as your employer, together with your DBS certificate number and issue date, bank details (where required for payment purposes) and contractual details. Your details may be shared with other agencies where necessary to support your employment (ie payroll company, insurance company, Direct Payment Support Service and KCC). When your employment ceases, I will delete your information, with the exception of that which I have a legal obligation to retain (for example, in relation to HMRC)

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I give my \*consent for my personal information to be held by my employer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** |   |  | **No** |   |

I give my \*consent for my employer to send me information which may be relevant to my role as PA. (No details will be passed to other third parties)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** |   |  | **No** |   |

*\* None of your details will be passed to unspecified third parties.*

*If you later decide to withdraw your consent for me to retain, or share any of these details you should contact me directly.. A withdrawal of consent form will be provided for you to sign and return to me.*

To save costs, I would prefer to contact you by **Email**. Please confirm you are happy for me to contact you this way

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** |   |  | **No** |   |

Please indicate if you are happy for me to contact you in the following ways also:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Phone** |   |  | **Text** |   |

Signature of PA:

Print Name:

Date: