**Champion contract services**

**EMPLOYMENT SOLUTION APPLICATION FORM**

If you would like to use the Champion Umbrella Service then, please complete this application form.

# Personal details:

|  |  |  |
| --- | --- | --- |
| **Title** | Click here to enter text. |  |
| **First Name** | Click here to enter text. | **Surname** | Click here to enter text. |
| **Middle Name** | Click here to enter text. | **DOB** | Click here to enter a date. |
| **NI Number** | Click here to enter text. | **Nationality** | Click here to enter text. |
| **Address**  | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. | **Post Code** | Click here to enter text. |
| **Contact Number(s)** | Click here to enter text. | **Time at Address** | Click here to enter text. |
| **Email Address** | Click here to enter text. |
| **Please send my pay slips to the above email address** [x]  |
| **I am happy to receive updates by email** [x]  |

# payment details

|  |  |  |  |
| --- | --- | --- | --- |
| **Account Name** | Click here to enter text. | **Bank** | Click here to enter text. |
| **Account No.** | Click here to enter text. | **Sort Code** | Click here to enter text. |
| **Swift Code****(if relevant)** | Click here to enter text. | **IBAN No.****(if overseas)** | Click here to enter text. |

# next of kin details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click here to enter text. | **Relationship** | Click here to enter text. |
| **Contact No.** | Click here to enter text. |  |  |

# Agency Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click here to enter text. | **Consultant Name** | Click here to enter text. |
| **Branch Address** | Click here to enter text. | **Consultant Email** | Click here to enter text. |
|  |  | **Contact No** | Click here to enter text. |

# Assignment Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name** | Click here to enter text. | **Start Date** | Click here to enter text. |
| **Client Address** | Click here to enter text. | **End Date\*** | Click here to enter text. |
|  | Click here to enter text. | **Champion Start Date** | Click here to enter text. |
|  | Click here to enter text. | **Assignment Rate** | Click here to enter text. |
| **Job Title** | Click here to enter text. | **Contracted Hours** | Click here to enter text. |

\*if not known then please provide estimate

# Payment OPTIONS

|  |  |
| --- | --- |
| **Frequency** | **Holiday Pay** |
| **Weekly** |[ ]  **Retain** |[ ]
| **Monthly** |[ ]  **Pay** |[ ]

# EXPENSES

From 6th April 2016 umbrella employees will need to prove that they are not under the Supervision, Direction or Control (SDC) of their end client, to be eligible to claim tax relief on expenses. An assessment will be issued to all Champion umbrella employees where relevant.

**Please select the expenses you intend to claim from the following options:-**

|  |  |
| --- | --- |
| **Mileage Only** |[ ]  **Mileage & Subsistence** |[ ]
| **Accommodation** |[ ]  **Other**  |[ ]
| **Other Travel e.g.****Public Transport** |[ ]  **NONE** |[x]

# service

|  |  |  |
| --- | --- | --- |
| Prime Pay [x]  | Plus Pay [ ]  |  |

# additional INFORMATION REQUIRED:

***ID Requirements*:** To allow Champion Contract Services Ltd to comply with money laundering regulations and eligibility to work we will require you to send us a copy of passport or photo ID driving license along with a copy of a recent utility bill (not mobile phone) or bank statement. A full list of the documents can be found by clicking here: - <http://www.champion-contractors.co.uk/pdfs/right.pdf>

***Tax Documents:*** Please also remember to provide us with a recent P45 to allow us to make sure you are you are paying the correct level of tax on your income. If you do not have a P45 then please complete a [HMRC New Starter Checklist Form.](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/513621/Starter_checklist_v1.0.pdf)