

Agency Name

GENEPOOL LTD

# Payroll Details Form

Candidate ID *To Be Completed By Agency*

Type (pls delete) PAYE/Umbrella/Own Ltd Co

Email Address

Job Role  
Please tick as applicable

- |  |  |
|--|--|
| <input type="checkbox"/> A&E Nurse           | <input type="checkbox"/> Theatre Nurse   |
| <input type="checkbox"/> Community Nurse     | <input type="checkbox"/> Theatre ODP     |
| <input type="checkbox"/> HDU Nurse           | <input type="checkbox"/> Ward Nurse      |
| <input type="checkbox"/> ITU Nurse           | <input type="checkbox"/> First Assistant |
| <input type="checkbox"/> Mental Health Nurse | <input type="checkbox"/> Other:          |
| <input type="checkbox"/> HCA                 |  |

Title

Sex

Forename(s)

Nationality

Surname

Start Date

Date of Birth

Address line 1

Home Tel

Address line 2

Work Tel

City

Mobile

County

Postcode

## PAYE

NI Number

Account Number

Bank Name

Sort Code

Account Name

Ref/Roll No.

## Non Paye

Require Contractor Bill?

YES/NO

## Umbrella/Own Ltd Co

Company Name

Company Tel No.

Main Contact

Company Fax No.

Address line 1

Company Email

Address line 2

CC Email

City

County

Postcode

Account Name

Company Reg No.

Account Number

Vat Reg Number

Sort Code

Non UK Vat Reg

Bank Name