|  |  |
| --- | --- |
| Parent carer name |  |
| Address |  |
| Postcode |  |
| Tel |  |
| Email |  |
| NI Number |  |
| Bank details***Please print figures clearly*** | Bank/Building Society name:Sort code:Account: |

*I understand that:*

* *It is my responsibility to inform the Benefits Agency of payment received if this takes me above the weekly disregard limit (if applicable)*
* *It is my responsibility to inform the Inland Revenue of any earnings which are likely to take me above my personal tax allowance*
* *BCP Council and other agencies are required to give accurate details of any/all payments made to individuals if asked to do so by the Benefits Agency or Inland Revenue.*
* *Expense claims will be paid by BACS*

***Signing this part confirms you have read, understood and agree to abide by all of the clauses detailed above and have read and understood the remuneration policy.*** *Breaches of this Declaration may result in Parent Carers Together discontinuing your engagement work. Thank you for your co-operation and support.*

|  |
| --- |
| **Parent Carer**  |
| **Print Name:** |  |
| **Signature:** |  |
| **Date:** |  |