**Information about your organisation**

## **April 2017– March 2018**

**Name**…………………………………………………………………………………………………..

**Address**………………………………………………………………………………………………..

…………………………………………………………………………………………………………

**Telephone No**………………………………… **Fax** ………………………………………….........

**E-mail**…………………………………………. **National Insurance No.**………………………….

**Contact person**………………………………………………………………………………………

**Telephone No**…………………………………………………………………………………………

**Name and sample of authorised signatories:**

1. **Name**…………………………………Signed…………………………………Date……………

**Position**………………………………Telephone No……………………...…………………….

**Address**……………………………………………………………………………………………

1. **Name**…………………………………Signed………………………………....Date……………..

**Position**………………………………Telephone No……………………………………………..

**Address**……………………………………………………………………………………………

1. **Name**…………………………………Signed………………………………....Date……………..

**Position**………………………………Telephone No……………………………………………..

**Address**……………………………………………………………………………………………

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**Do you pay a Car Mileage Allowance**? Y/N……..……. If yes, at what rate\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Over 45p per mile-contact OCAS)**

**Full time hours are**…………………………………………………………………….

**Day/Date employees due to be paid**…………………………………………………...

Please advise of any changes in contractual details, which may affect pay or salaries. This includes information on occupational sick pay, pension contributions, increases of salary and change of hours etc.

**You are required to complete this form each year**