



FAO: HR/Recruitment Officer - Important Information Request Form AWR

Company/Establishment/Client name:.....

Name of contact for AWR queries:.....

Contact telephone number:..... email address:.....

Please complete one form for each type of agency worker and every grade you employ.

Job Title:

(please enter e.g: Support Worker, Care Assistant, RN (please state grade/in-charge etc), Specialist RN/ODP, OH qualified nurse):

Pay:	
<ul style="list-style-type: none"> Basic hourly rate payable to the direct recruit or comparable employee: (please add in applicable rates for each location, if they differ) 	£
<ul style="list-style-type: none"> Pay increase after a probation period: Please state probation period. 	£
<ul style="list-style-type: none"> Do you operate formal pay bands? YES/NO (please delete as applicable) If yes, are they based on experience and seniority (please state pay rate for each level/job description) 	
<ul style="list-style-type: none"> Commission: Please also state any qualifying criteria for payment of commission. 	£
<ul style="list-style-type: none"> Overtime payments: Please also state any qualifying criteria for payment of overtime. 	£
<ul style="list-style-type: none"> Shift/unsocial hours allowances: Please also state any qualifying criteria for payment of shift or unsocial hours allowances. 	£
<ul style="list-style-type: none"> Risk payments for hazardous duties: Please also state any qualifying criteria for risk payments for hazardous duties. 	£
<ul style="list-style-type: none"> Vouchers or stamps: Please list any vouchers or stamps which can be exchanged for goods and services and state their respective monetary values: This does not include vouchers which are paid as a result of salary sacrifice schemes (e.g. childcare vouchers). 	£
<ul style="list-style-type: none"> Bonuses - Details of any bonus payable, including the purpose of the payment, the frequency of the payments and any qualifying criteria. 	£

<ul style="list-style-type: none"> Any other remuneration: <p>Insert details of any other payments made, including the purpose of the payment, the frequency of the payments and any qualifying criteria.</p> <p>Please also provide details of any terms and conditions relating to pay entitlement, for example details of pay reviews.</p>	
Working hours:	
<p>Night work:</p> <p>(Where applicable) please provide details of any terms and conditions which would apply to the agency worker in relation to night work (where the agency worker carries out work the duration of which is not less than hours between the hours of midnight and 5am)</p>	
Rest periods:	
Rest breaks:	
<p>Duration of working time:</p> <p>(For example, where your employees are not required to work more than 48 hours per week, this should apply to the agency worker)</p>	
Annual leave:	
<p>How many days holiday are your employed workers entitled to (including Public/Bank holidays)?</p> <p>Please also provide details of any terms and conditions relating to annual leave entitlement (eg does it increase with seniority).</p>	[] days
Day One Rights:	
Details of collective facilities (these include canteen, childcare facilities and transport services, toilets and shower facilities, prayer rooms).	
Could you objectively justify why you would not want to offer these collective facilities to temporary agency workers?	
How do you advertise internal vacancies?	
If a pregnant temporary agency workers assignment is terminated, will PHC be able to source suitable alternative work with you?	

**I confirm that the details provided above relate to a comparable employee in our organisation.
I confirm I am authorised to provide this information for and on behalf of the Hirer.
I understand that it our responsibility to inform PHC immediately should any of the above information change and confirm that I/a representative of our organisation will inform PHC**

Signed by: -----Print name:-----

Position: ----- Date: -----

**Please return at your earliest convenience to: a.edwards@thepatersongroup.co.uk
Thank you**

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