

New Client Application Form

Part 1 - Account and Contact Information

If written responses please write in block capitals.

Client Name		
Working Site Information		
Working Site Address (where the candidate will be working)		Postal Code
Working Site Primary Contact		e-mail Address
Main Phone Number	Other Phone Number	Fax Number
Billing Site Information		
Billing Address		Postal Code
Primary Billing Contact Name		e-mail Address
Main Phone Number	Other Phone Number	Fax Number
Accounts Payable Contact Information		
Finance Contact Name		e-mail Address
Main Phone Number	Other Phone Number	Fax Number
Central Bank Office Information (if relevant)		
Bank Office Contact Name		e-mail Address
Main Phone Number	Other Phone Number	Fax Number
Group Organisation Details (Trust or Group that you belong to)		
Are you part of a group? (yes/no)		
Group Name		
Group Address		Post Code
Primary Contact Name		e-mail Address
Main Phone Number	Other Phone Number	Fax Number
Legal Information		
Company Reg No (If Applicable)	Company VAT No (If Applicable)	Company Legal Status

Invoicing Requirements (please tick as appropriate)			
Candidate Name		Shift Date	
Ward/Section		Booking Reference	
CHC Pin/Purchase Order Number Required		Budget Code Required	
Cost Code Required		Budget Holder to be quoted	
Purchase Order Contact Details			
Contact Name	e-mail Address		Phone Number
Budget Code Contact Details			
Contact Name	e-mail Address		Phone Number
Payment & Terms of Business Information			
Payment Terms	30 days		
Method of TOB being sent to the client	E-mail		
Date TOB sent to Client			
Please send remittances to			
Postal Address	Urgent Response Healthcare Ltd, 27 Old Gloucester Street, London, WC1N 3AX		
e-mail	payroll@urgentresponsehealthcare.com		
Payment Should be Made as follows			
Sort Code	30-80-12		
Account Number	24023560		

I confirm that the information on this form has been provided to my best possible knowledge and that I hereby agree to comply with Urgent Response Healthcare's Terms of Business.

Authorised Signature _____ Date _____

Name (Please Print) _____ Job Title _____

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Part 2 - AWR Fact Information

AWR Fact Information / Salary Information / Day one Rights

What Basic Salary Package do you offer Permanent Staff in a comparable role?	
What overtime do you pay your Permanent Staff?	
Do you pay Permanent Staff Personal Performance Bonuses? (if yes, please include comments)	
No	
Do you pay Permanent Staff an Unsociable Hours Payment (Shift Allowances)? (if yes, please include comments)	
No	
Do you offer Restrictions to Night Work? (if yes, please include comments)	
No	
What Holiday entitlement do you offer Permanent Staff?	
Do you offer - vouchers, stamps with a monetary value to your Permanent Staff? (if yes, please include comments)	
No	
Where do you advertise your internal vacancies?	

AWR Fact Information - Facilities & Amenities (yes/no) (please add appropriate comments)

Do you have a canteen/restaurant?	Do you offer transport to site?
No	No
Do you have lockers?	Do you have a crèche or other childcare facility?
No	No
Do you have showers?	Do you have a common room?
No	No
Do you provide any other facilities provided (for example prayer room - please provide details)	
No	

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Authorised Signature _____ Date _____

Name (Please Print) _____ Job Title _____