**PHB Payroll Service- Agreement Form**

I confirm I have read the PHB Payroll Service Agreement Guidance Booklet, and I understand my responsibility as an employer and the information detailed within this guidance. I also understand how my personal data will be used and consent to the use of it as detailed in the data protection statement below.

**Data Protection**

The information provided to the PHB Payroll Service will be used for the following purposes:

To enable PHB Payroll service to

* Create a computer and paper record of your current situation which will help us to provide you with a service tailored to you.
* To enable us to compile anonymised statistics to assist us to understand the needs of Personal Health Budget employers and manage services for them.

The personal data that you provide to PHB Payroll Service will be held in accordance with the Data Protection Act 1998 and GDPR. As we have a number of locations and associations it may be necessary to transfer personal data in order for us to provide a quality service. We are required to share your information with IRIS (payroll software provider), HMRC, The Pension Regulator, Nest Pensions, DWP and CCG. We understand the information you provide is of a sensitive and private nature therefore all staff are bound by a confidentiality agreement.

**By signing this agreement, I hereby agree that I have read and understand my responsibilities and the Terms and Conditions set out within the PHB Payroll Service Agreement Guidance Booklet (Version 1, February 2022)**

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| **Service User’s Name** |  |
| **Employers Name** |  |
| **Employer Signature** |  |
| **PHB Staff Signature** |  |

**This form must be returned by email to:**

[**phb@sefton.gov.uk**](mailto:phb@sefton.gov.uk)

**Or alternatively by post to: Sefton Carers Centre, Personal Health Budget Team, 27- 37 South Road, Waterloo, L22 5PE.**