SOUTH EASTERN EDUCATION AND LIBRARY BOARD

EXTENDED SCHOOLS ENGAGEMENT FORM **EXE1**

Section A: Personal Details

Title …… Forenames ……..……Surname ……
(Mr/Mrs/Miss/Ms etc.)

Marital Status …….. National Insurance No☐☐☐☐☐☐☐☐☐ Date of Birth ……../……/…….

Home Address ……..

…… Post Code…… Home Tel No…….

Bank/building Society details - N.B. Failure to complete Bank details WILL result in non payment

Bank Sort Code…… ..…… Account number ……

Bank/Building Society Name……
Branch Address (inc Postcode)……
……
Building Society Roll No (if applicable)……

Section B: Job Details (to be completed by Principal)

Current/Previous Employment within SEELB if applicable

Employee No ……..Job ……..Dates……
Location ……

Details of Extended Schools Job only

Please tick one of the following:

Co-Ordinator £25 ☐ Leader £20 ☐ Asst Leader £10 ☐

Job Start Date…… Job End Date……Location…… Hours per week…….

I undertake to carry out the duties associated with the Extended Schools Programme and accept that I will be paid the agreed rate of pay for worked hours worked only. I understand and accept that SEELB are ***acting as paying agent only*** on behalf of the School.

Signed…….. Date……..

Section C:

Principals signature…… Date……..