



**barn
wood circle**

PA Reimbursement Form

Name of Member	Address	Date form filled in:
Name of PA:	Address:	Purpose of PA:
PA Phone Number:	PA Email:	
Are you registered with an agency or self employed?	Name of Agency (if applicable):	Address of Agency
How long have you been registered as a PA?	Are you able to provide us with any evidence of DBS checks, care qualifications, safeguarding training?	

PA Hourly rate:	Hours worked			
	Date and name of Project/event	From	To	Total hours
Total Hours worked	Total to reimburse (£)		PAID ON	
Signature Member			Staff signature	

Please can this form be returned to us with any invoice –via post or email to wey.ofenor@barnwoodtrust.org

For invoicing
 Barnwood Trust
 Overton House
 Overton Road
 Cheltenham
 GL50 3BN