



AWR INFORMATION FORM

		SmartWork Office Use
Basic Employment Details		
Employer/Hirer Name:		
Business Name:		
Business Address:		
Location of Assignment:		
Start Date of Assignment:		
Expected Duration of Assignment:		
Job Title:		
Main Responsibilities:		
Normal Working Hours:		
Shift Patterns (if applicable):		
Break Entitlements:		
Pay and Benefits		
Basic Pay Rate:		
Overtime Pay Rates:		



Shift/Unsocial Hours Allowances:		
Risk Payments (if applicable):		
Bonus Schemes (if applicable):		
- Eligibility Criteria:		
- Frequency of Payment:		
- Calculation Method:		
Vouchers with Monetary Value (e.g., meal vouchers):		
Annual Leave Entitlement (days per year):		
Qualifications and Experience		
Required Experience for the Role:		
Required Training:		
Required Qualifications:		
Health and Safety		
Are there any known health and safety risks associated with this role? (Yes/No)		
If yes, please specify:		
What measures have been taken to protect the worker from these risks?		



Expenses		
Are there any claimable expenses for this role? (Yes/No)		
If yes, please specify:		
- Type of Expenses:		
- Reimbursement Process:		
Comparable Employee Information		
Are there permanent employees performing a comparable role? (Yes/No)		
If yes, please provide details of their terms and conditions:		
- Basic Pay Rate:		
- Overtime Pay Rates:		
- Bonus Entitlements:		
- Annual Leave:		
- Any Additional Benefits:		
Are there any differences in treatment between agency workers and comparable employees? (Yes/No)		



If yes, please provide reasons for these differences:		
Collective Facilities		
Do agency workers have access to shared facilities? (Yes/No)		
If yes, please specify (e.g., canteen, childcare, transport services):		
If no, please provide reasons for restricted access:		
Job Vacancies		
Are agency workers informed of internal job vacancies? (Yes/No)		
If yes, how is this information communicated?		
Pay Between Assignments		
Is there a pay-between-assignments arrangement in place? (Yes/No)		
If yes, please provide details:		
- Pay Rate During Gaps:		
- Duration of Pay Guarantee:		
Additional Information		



Are there any other relevant factors considered when determining working conditions for agency workers? (Yes/No)		
If yes, please specify:		
Reasons for Differential Treatment		
If there are any differences in treatment between agency workers and permanent employees, please provide a detailed explanation:		

Declaration:

I confirm that the information provided above is accurate to the best of my knowledge.

Employer/Hirer Signature: _____

Date: _____

Agency Representative Signature: _____

Date: _____