

REDUNDANCY & INSOLVENCY PAYMENTS APPLICATION

EMPLOYMENT STATUS ASSESSMENT

CLAIM FOR PAYMENT(S) FROM THE NATIONAL INSURANCE FUND

The Employment Rights (Northern Ireland) Order 1996

To be eligible for redundancy/insolvency payments from the National Insurance Fund you must be an employee, as defined by Article 3 of the Employment Rights (Northern Ireland) Order 1996.

The purpose of this form is to help the Department's Redundancy & Insolvency Payments Branch assess whether or not you could be regarded as an employee and therefore be eligible for redundancy/insolvency payments from the National Insurance Fund.

Please ensure that you answer all questions and provide all information/documentation requested to support your application.

Failure to complete this Employment Status Assessment in full will result in it being returned.

Failure to provide information to support your application could result in your application being rejected.

If you feel there is information not requested in this form that would support your application please enclose it when returning this form.

Data Protection Act 1998

The information you provide on this form will be held by this Department and may be communicated to your former employer, their representative or any other relevant government Department or agency in connection with your application.

Declaration

Having completed this form you will be asked to sign and date it with a declaration that the information you have provided is true and accurate. ***Please note that legal action may be taken if you knowingly make a false statement on this form.***

1. YOUR DETAILS

- 1. Title: Mr Mrs Miss Ms Other (*Please specify.*) _____
- 2. Forename(s): _____
- 3. Surname: _____
- 4. Maiden name: (*If applicable.*) _____
- 5. National Insurance Number: _____

2. DETAILS ABOUT THE JOB FROM WHICH YOU WERE MADE REDUNDANT

- 6. Name of your employer: _____
- 7. Job Title/Occupation: _____
- 8. What position(s) did you hold with your employer for the period to which this application relates? (*Tick all appropriate boxes and provide dates in the spaces provided.*)
 - Managing Director From: _____ To: _____
 - Director From: _____ To: _____
 - Secretary From: _____ To: _____
 - Partner From: _____ To: _____
 - Employee From: _____ To: _____
 - Other, _____ From: _____ To: _____

- 9. If, during the period to which this application relates, you indicated in Question 8. that you were a 'Partner' in the company, was your partnership a Limited Liability Partnership?
 - Yes No

If 'Yes' please provide a copy of your Limited Liability Partnership Agreement.

- 10. Section 228 of the Companies Act 2006 requires of directors, a written memorandum stating the terms and conditions of a director's service contract as an employee or a statement showing the director's terms and conditions. Did you have a written memorandum stating your terms and conditions as an employee or a statement setting out the main terms and conditions of your employment for the position(s) you affirm you held at Question 8?
 - Yes No

If 'Yes' please provide a copy/copies of your contract(s)/terms & conditions of employment for all position(s) held.

15. Did you have a contract of employment and/or a statement setting out the main terms & conditions of your employment in the business?

Yes No

If 'Yes' please enclose a copy of that contract and/or statement of the main terms & conditions of your employment.

If 'No' please state why no contract of employment and/or a statement setting out the main terms & conditions of your employment in the business was ever issued.

3. PAY/REMUNERATION

16. How often were you paid your regular wage/salary? *(Tick all appropriate boxes.)*

Daily Weekly Monthly Other *(Please specify.)* _____

17. What was your gross rate of pay i.e. before deductions for tax, NIC, etc?

£ _____ . _____

18. How were you paid? *(Tick all appropriate boxes.)*

Cash Cheque Bank Other *(Please specify)* _____

19. Have you ever received commission; bonus; dividend; shares or any other form of payment in addition to or in lieu of your normal wage/salary?

Yes No

20. If you answered 'Yes' to Question 18, please identify with a tick in the table below the payment(s) you received; state the amounts received over each of the last 5 years and indicate from whom, i.e. which company, you received the payments. (*Continue on a separate sheet if necessary.*) If you did not receive any of these payments, please proceed to Question 20.

Type of payment received and amount of that payment	Period to which the payment related	Source of payment i.e. paid by whom (name of company)
<input type="checkbox"/> Commission	From: To:	
£		
£		
£		
£		
£		
<input type="checkbox"/> Bonus		
£		
£		
£		
£		
£		
<input type="checkbox"/> Dividend		
£		
£		
£		
£		
£		
<input type="checkbox"/> Shares		
No. of shares / Value		
£		
£		
£		
£		
£		
<input type="checkbox"/> Other		
£		
£		
£		
£		
£		

4. SHAREHOLDING

21. Did you or do you hold any shares in your former company or any associated company(ies)?

Yes No

If 'No' please proceed to Question 21. If 'Yes' please complete the table below. (Continue on a separate sheet if necessary.)

Name of company or related company(ies) in which you held/hold shares	No. of shares held & % of total allocated	Type of Share e.g. Preference, Ordinary, other	How did you acquire the shares? e.g. purchased, awarded by company or related company(ies), other, etc

5. INVESTMENTS/GUARANTEES

22. Did you make any type of investment in or provide any guarantees to the company?

Yes No

If Yes, please complete the table below. (Continue on a separate sheet if necessary.)

Name of company or related company(ies) in which you invested money	How much did you invest?	Was this a cash investment or payment for the purchase of shares?
	£	
	£	
	£	
Name of company or related company(ies) for whom you provided a personal guarantee	What level of guarantee did you provide?	On what was the guarantee secured?
	£	
	£	
	£	

23. Did you every receive a loan from the company and/or do you owe the company any money?

Yes No

If 'Yes', please provide details below and enclose a copy of your loan agreement. (Continue on a separate sheet if necessary.)

Name of company or related company(ies) from whom you received a loan	How much did you borrow?	How much remains outstanding?
	£	£
	£	£
	£	£

6. DIRECTORSHIPS

24. Did you hold/do you hold any directorships/secretary positions with any company **NOT** associated with or related to your former employer/company. (Continue on a separate sheet if necessary.)

Name of company	Position held	No. of hours worked in this role	Percentage Shareholding %

7. COMPANY FINANCIAL STATEMENTS AND ANNUAL REPORTS

25. To support your application for redundancy/insolvency payments from the National Insurance Fund please enclose copies of the company's full (**NOT abbreviated**) financial report and accounts for the last 3 years.

8. COMPANY BOARD

26. Please state in the table below the names of the company's Board Members and Chairman. *(Continue on a separate sheet if necessary.)*

Name	Position held	Executive or Non-Executive post?	Percentage Shareholding %

9. SENIOR RESPONSIBLE OFFICE HOLDER

27. Please state the name of the person who controlled the company and state his/her position.

10. SUPERVISION/DISCIPLINE

28. Were you supervised or guided when discharging your duties in accordance with your contract of employment and/or terms and conditions of employment?

Yes No

If 'Yes', by whom were you supervised/guided?

29. Could you be disciplined or have your employment terminated?

Yes No

If 'Yes', please state the name(s) of the person(s) who would have been responsible for taking those actions and state their position(s) in the company?

DECLARATION

I declare that:

- The information I have provided on this form is correct to the best of my knowledge and belief and I understand that this information may be communicated to my ex-employer, their representative, other Government Departments and or Agencies in connection with my application.
- This is my only application for redundancy/insolvency payments for this employment.
- I understand that you may take legal action against me if I have made a false statement on this form.

Signature: _____ Date: ____/____/____

Before returning this form to the Department's Redundancy & Insolvency Payments Branch please ensure you have enclosed the following, if not already submitted with your original Redundancy & Insolvency payments application (RP1 form):

- P60s for the last 5 years employment with your former employer or P60s for the duration of your employment if less than 5 years.**
- A copy of all contracts of employment and/or terms and conditions of employment with your former employer.**
- Payslips for the last 3 months of your employment.**
- A copy of the company's full, NOT abbreviated, Financial Reports and Accounts for the last 3 financial years.**
- A copy of your Limited Liability Partnership Agreement (where appropriate).**

PLEASE NOTE:

Incomplete and/or unsigned Employment Status Assessment forms will be returned.