

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.*)

<input type="checkbox"/> Managing Director	From: _____	To: _____
<input type="checkbox"/> Director	From: _____	To: _____
<input type="checkbox"/> Secretary	From: _____	To: _____
<input type="checkbox"/> Partner	From: _____	To: _____
<input type="checkbox"/> Employee	From: _____	To: _____
<input type="checkbox"/> 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. Article 326 of the Companies (NI) Order 1986 requires of directors, a written memorandum stating the terms and conditions of a director's 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.

If 'No' or you cannot provide copies of your contract(s)/terms & conditions of employment for the position(s) held with this employer please explain why.

11. Was your former employer a registered limited company?
☐ Yes ☐ No
12. If 'Yes', were you employed or engaged by the company before it was incorporated as a limited company?
☐ Yes ☐ No
13. If you answered 'Yes' to Question 12. what position(s) did you hold in the former business? *(Tick all appropriate boxes.)* If you answered 'No' please proceed to Question 15.
☐ Owner ☐ Partner ☐ Employee ☐ Self-employed
☐ Sub-contractor ☐ Other *(Please specify.)* _____
14. 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.

3. PAY/REMUNERATION

15. How often were you paid your regular wage/salary? *(Tick all appropriate boxes.)*
☐ Daily ☐ Weekly ☐ Monthly ☐ Other *(Please specify.)* _____
16. What was your gross rate of pay i.e. before deductions for tax, NIC, etc?
£ _____ . _____
17. How were you paid? *(Tick all appropriate boxes.)*
☐ Cash ☐ Cheque ☐ Bank ☐ Other *(Please specify.)* _____
18. 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
19. 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*

4. SHAREHOLDING

20. 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

21. 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?
	£	
	£	
	£	

22. 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

23. 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

24. 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

25. 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

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

10. SUPERVISION/DISCIPLINE

27. 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?

28. 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.