**NON-EMPLOYEE STATUS APPLICATION**

It is the responsibility of the University to determine the employment status of all individuals. The University has a duty to operate Pay as You Earn (PAYE) for all the individuals whose terms of engagement constitute an employment, whether on a temporary, casual, part-time, full-time or permanent basis. The fact that an individual is registered for self-employment or providing services via a personal service company does not mean the engagement with the University allows payments to be made gross of statutory deduction. This relationship also has to be assessed if a personal service company is engaged via an agency intermediary.

Determining an individual’s relationship with the University is complex and is achieved by considering a number of factors. This form provides an assessment of employment status using guidance from HM Revenue & Customs and legally defined employment status tests.

This form should be completed where an individual is providing services not via an employment contract (whether permanent or casual) either as an individual or via a personal service company (whether direct or via an agency). The decision on which employment group an individual falls into will depend on the relationship between the individual and the University and is supported by a number of tests.

The form should **never** be completed by the individual or company, but by one of the following authorised parties: head of school; school manager or delegated manager. The level of authority may be defined by the total spend of the assignment (over £20k head of school; between £5k and £20k school manager; under £5k delegated manager).

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| **Full name of the individual (for PSCs this could be a contact name if you do not know who will be assigned the work)** |  | | | | | | | | | |
| **School/department (which area will they be providing this service for)** |  | | | | | | | | | |
| **Business name of the individual or Company** |  | | | | | | | | | |
| **Is the individual to be paid through a limited company or partnership (either directly through us or an agency)? Please specify** |  | | | | | | | | | |
| **Individual/company contact email address** |  | | | | | | | | | |
| **Supplier ID in Agresso (if applicable)** |  | | | | | | | | | |
| **Agency paid through (if applicable)** |  | | | | | | | | | |
| **Date of birth (for Individuals only)** |  | | | | | | | | | |
| **National Insurance Number (for individuals only)** |  |  |  |  |  |  |  |  |  |
| **Unique Taxpayer Reference (10 digits) (for individuals only)** |  |  |  |  |  |  |  |  |  |  |
| **Company registration number (if applicable)** |  | | | | | | | | | |
| **Address of the individual(s) or Business Address for companies** |  | | | | | | | | | |
| **Bank details to which payments will be made:** | | | | | | | | | | |
| **Sort code (6 digits)** |  |  |  |  |  |  |
| **Account number (8 digits)** |  |  |  |  |  |  |  |  |
| **Account in the Name of:** |  | | | | | | | | | |
| **The start date of the engagement** |  | | | | | | | | | |
| **The end date of the engagement** |  | | | | | | | | | |
| **The date(s) the work will be undertaken** |  | | | | | | | | | |
| **Specific details of the work to be undertaken** |  | | | | | | | | | |

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|  | **Employment Tests** |  |  |

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| **Please answer these questions as the Hirer representing the University: -** | |  | | |  | | |
| 1. **Has the worker ever sent a substitute to do this work?** | | **Yes** | | | **No** | | |
| 1. **Do you have the right to reject a substitute? A substitute is someone the worker sends in their place to do their role** | | **Yes** | | | **No** | | |
| 1. **Would the worker have to pay their substitute?** | | **Yes** | | | **No** | | |
| 1. **Has the worker paid another person to do a significant amount of this work?** | | **Yes** | | | **No** | | |
| 1. **Does you have the right to move the worker from the task they originally agreed to do? A worker taken on for general tasks, rather than one specific task, might be moved as and when priorities change. You may not need the worker’s permission to move them** | | **Yes** | | | **No** | | |
| **Contd….if you have answered no to question 5 please follow this up by ticking one of the following:**   1. **They would have to agree** 2. **That would require a new contract or formal working arrangement** | | **A** | | | **B** | | |
| 1. **Do you have the right to decide how the work is done? This can include you instructing, guiding or advising the way the task should be completed. This is not relevant if it is highly skilled work. Eg an airline pilot.** | | **Yes** | | | **No** | | |
| **Contd….if you have answered no to question 6 please follow this up by ticking one of the following:**   1. **The worker solely decides** 2. **You and the worker agree together**   **NB If not relevant due to highly skilled work please write NR** | | **A** | | | **B** | | |
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| 1. **Do you have the right to decide the worker’s working hours?** 2. **Yes** 3. **No, the worker solely decides** 4. **No, you and the worker agree** 5. **No, the work is based on agreed deadlines** | | **A** | **B** | | **C** | | **D** |
| 1. **Do you have the right to decide where the worker does the work?** 2. **Yes** 3. **No, the worker solely decides** 4. **No, the task sets the location** 5. **No, some work has to be done in an agreed location and some can be the worker’s choice** | | **A** | **B** | | **C** | | **D** |
| 1. **Will the worker have to buy equipment before you pay them? This can include heavy machinery or high-cost specialist equipment used for this work. This does not include laptops, tablets and phones** | | **Yes** | | | **No** | | |
| 1. **Will the worker have to fund any vehicle costs before you pay them?**   **This can include purchasing, leasing, hiring, fuel and other running costs for this work. This does not include commuting or personal vehicle costs.** | | **Yes** | | | **No** | | |
| 1. **Will the worker have to buy materials before you pay them? This can include items that form a lasting part of the work, or are left behind when the worker leaves; This does not include items like stationery.** | | **Yes** | | | **No** | | |
| 1. **Will the worker have to fund any other costs before you pay them?**   **This can include non-commuting travel or accommodation, or external business premises for this work only.** | | **Yes** | | | **No** | | |
| 1. **How will the worker be paid for this work?** 2. **An hourly, daily or weekly rate** 3. **A fixed price for the project** 4. **A fixed amount for each piece of work completed** 5. **A percentage of the sales the worker generates** 6. **A percentage of your profits or savings** | **A** | **B** | | **C** | **D** | **E** | |

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| 1. **If you were not happy with the work, would the worker have to put it right?** 2. **Yes, unpaid and they would have extra costs that you would not pay for** 3. **Yes, unpaid but their only cost would be losing the opportunity to do other work** 4. **Yes, they would fix it in their usual hours at their usual rate or fee** 5. **No, the work is time-specific or for a single event** 6. **No** | **A** | **B** | **C** | **D** | | **E** |
| 1. **Does the worker contribute to the core curriculum activity or an examined programme and/or is considered to be part the of the team/ a colleague?** | | **Yes** | | **No** | | |
| 1. **If the worker is engaged to provide lecturing is this for the sole purpose of members of the University?** | | **Yes** | | **No** | | |
| 1. **Will you provide the worker with paid for corporate benefits? This can include external gym memberships, health insurance or retail discounts** | | **Yes** | | **No** | | |
| 1. **Will the worker have any management responsibilities for you? This can include deciding how much to pay someone, hiring or dismissing workers, and delivering appraisals** | | **Yes** | | **No** | | |
| 1. **How would the worker introduce themselves to your consumers or suppliers?** 2. **They work for you** 3. **They are an independent worker acting on your behalf** 4. **They work for their own business** 5. **This would not happen** | | **A** | **B** | **C** | **D** | |
| 1. **Does this contract stop the worker from doing similar work for other organisations? This includes working for your competitors** | | **Yes** | | **No** | | |
| 1. **Is the worker required to ask permission to work for other organisations?** | | **Yes** | | **No** | | |
| 1. **Are there any ownership rights relating to this contract? These types of rights are usually found in media, arts and creative industry contracts. This includes all intellectual property rights, copyright, trademarks, patents, and image rights.**   **If you answer yes, does the contract state the rights to this work belong to you? This does not include the option to buy the rights for a separate fee**  **If you answer no, does the contract give you the option to buy the rights for a separate fee? If an option like this does not exist, the worker would keep all rights relating to this work.** | | **Yes** | | **No** | | |
| **Yes** | | **No** | | |
| **Yes** | | **No** | | |
| 1. **Has the worker had a previous contract with you?**   **If you answered yes, does this contract start immediately after the previous one ended? This does not include any holiday period between two contracts** | | **Yes** | | **No** | | |
| 1. **Is the current contract the first in a series of contracts agreed with you?** | | **Yes** | | **No** | | |
| 1. **Does the current contract allow for it to be extended?** | | **Yes** | | **No** | | |
| 1. **Will the work take up the majority of the worker’s available working time? This includes preparation or any other time necessary to deliver the work, even if it is not referred to in the contract** | | **Yes** | | **No** | | |
| 1. **Has the worker done any self employed work of a similar nature for other clients in the last 12 months? This only refers to work requiring similar skills, responsibilities, knowledge, or ability. Self employed work is when it is the worker’s responsibility to pay Income Tax and National Insurance Contributions on their earnings.** | | **Yes** | | **No** | | |

**Additional question**

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| Question | | YES | NO | Additional information |
| 1. | Does the individual have public liability insurance (if YES please specify the cover/limits held)? |  |  |  |

**To be signed by the authorised signatory completing the questionnaire.**

**I agree that I have answered the questions to the best of my knowledge as regards to the engagement and work to be undertaken by this individual/company. The questions have been answered based on the reality of the situation.**

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| **DEPARTMENT AUTHORISATION (SIGNATURE)** |  |
| **DEPARTMENT AUTHORISATION**  **(PRINT NAME)** |  | **DATE** |
| **JOB TITLE** |  |
| **TELEPHONE EXTENSION** |  |
| **EMAIL ADDRESS FOR ANY QUERIES REGARDING THIS FORM** |  |