



COVID – 19
Job Retention (Furlough) Scheme - Carers Responsibility Supplement
Application Form

1. Applicant's Details

Applicant(s) Name	
Trading as (if applicable)	
Address	
Telephone Number	
Mobile Number	
E-mail Address	
Company Number (if applicable)	
Charity Number (if applicable)	
Tax Identification/Reference Number	
Type of Business	

(Please continue on a separate page if necessary)

2. Applicant's Bank Details

Principal Bank Account with Standard Chartered Bank, Stanley: - account name - account number	
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3. Employee Details

Total Number of Employees in respect of whom Scheme Payments are claimed:- _____

If claiming one Furlough Period in respect of one or more Employees, please provide the following details in respect of each Employee (please note this can be submitted on an excel document available for completion from the Scheme Administrator:-

Name	
Address	
Commencement Date of Employment	
Claim type - <i>Income Supplement Scheme or Carers Responsibility Supplement (please enter type)</i>	

If application is for Carers Responsibility Supplement, was the Nursery/School closed or is application due to reduced capacity?	
Employment Costs comprising:- -Monthly/Weekly Gross Salary/Wage (£) -Other Employment Benefits (£) (This should include compulsory commission/regular overtime but not discretionary commission, tips or bonuses, non-cash payments or benefits-in-kind)	
Amount Claimed Does this amount comprise 80% of the Employment Costs, or a lesser percentage (if so, please specify)?	
Tax Identification Number for Employee	
Furlough Period(s) (start and end dates)	
Can/could the Employee work during the Furlough Period (whether at normal workplace or at home)?	YES/NO
If so, what percentage of their usual hours per day/week can/could they work during the Furlough Period?	

If claiming more than one Furlough Period in respect of one or more Employees, please provide the following details in respect of each Employee:-

Furlough/ Short-time Working Period(s)	Dates <i>(Start and end date for each Furlough/Short-time Working Period)</i>	On Furlough or Short-time Working?	Percentage of usual hours worked <i>(If the employee was put on short time, please specify percentage of their usual hours they can/could work, whether at their normal workplace or at home)</i>	Amount claimed for each Furlough/Short-time Working Period
First Period		Furlough/short time*		
Second Period		Furlough/short time*		
Third Period		Furlough/short time		
Fourth Period		Furlough/short time		

* Delete as appropriate

4. Accompanying Documents

Please include the following documents with your application:-

*Declaration (in the form of Annex 1) signed by each Employee	
*Employment Contract/Terms of Employment for each Employee	
*Scheme New Creditor Form * to be provided by Applicant not already registered on FIG's Account Payable System	

* (a declaration/employment contract/terms of employment will be required on a first application for an Employee; further copies will not be required on any subsequent applications for the same Employee unless they have changed in the interim)

** (to be provided by Employer not already registered on FIG's Account Payable System)

5. Declaration

In consideration of the payment to me/the applicant* of Scheme Payments, I, the undersigned (as Employer/for and on behalf of the Employer* of the Employee(s) referred to in this application form), hereby certify, accept and undertake (as Employer/having been duly authorised by the Employer to do so on its behalf*) that:-
(*please delete as appropriate.)

Please note: If purporting to give this undertaking on behalf of the Employer named above without being duly authorised to do so, the undersigned may be personally liable for any breach of this declaration.)

- To the best of my/the applicant's* knowledge and belief (having made all reasonable enquiries), all information contained in my/its* application(s) and in the accompanying documents or otherwise provided in connection with the Scheme, is true, accurate, up-to-date and complete.
- I am/the applicant is* eligible to claim Scheme Payments under the Scheme as an Employer of the Employee(s) specified in the application(s). In particular but without limitation, the Employee does not own any interest (legal or beneficial, directly or indirectly) in the applicant.
- I/the applicant* shall comply with the Terms.
- I/the applicant* will use any Scheme Payments made to me/it* under the Scheme to fund the payment to the Employee(s) of 80% (or other proportion claimed) of the Employment Costs at the rates in force and payable as at the Commencement Date (or the Minimum Wage, if applicable).
- Each Employee listed in my/its* application(s) satisfies the criteria for an Employee under the Scheme, as set out in the Terms.
- Subject as required above in this application form, I have/the applicant has* provided with this application (or a previous application) a declaration (in the form of Annex 1 below) completed and signed by each Employee (in original or electronic format as appropriate), together with a copy of their employment contract or terms of employment.
- Any Scheme Payments I/the applicant* receive(s) under the Scheme will be taxable income and will be subject to income or other tax in accordance with the terms of the Taxes Ordinance (as amended) and any other relevant tax legislation, depending on my/the applicant's* individual circumstances.
- Any breach by me/the applicant* of the Terms or the requirements of the Scheme or any of the above

undertakings, or the provision by me/the applicant* of any false or misleading information in, or in connection with, my/its* application(s) will entitle FIG to reclaim and recover any Scheme Payments awarded under the Scheme (in whole or part).

Name(s): _____

**Signature(s): _____ Date: _____

*Please delete as appropriate

** Documents can be signed in original or electronic format as appropriate.

Annex 1 – COVID-19

Job Retention (Furlough) Scheme – Carers Responsibility Supplement

Employee's Declaration

I, the undersigned, hereby certify and undertake as follows:-

- I am employed by * and have either been continuously so employed for not less than thirty days prior to the commencement of my (first) Furlough Period (as referred to in the Employer's application), and was on the Employer's payroll on 24th April 2020 for the Job Retention (Furlough) Scheme or for not less than 30 days prior to the date of application of the Carers Responsibility Supplement.
* Please complete
- I am employed to work at least seven hours per week for the above Employer.
- I have the right to live and work in the Falkland Islands, hold a current, valid entitlement, permit or consent for such purpose, and was/will be resident in the Falkland Islands throughout my Furlough Period.
- I do not own any interest (legal or beneficial, directly or indirectly) in the above Employer.
- I have either* agreed to be furloughed or placed on short-time working for the Furlough Period under the Scheme, to remain on the Employer's payroll and to receive not less than 80% (or other proportion claimed by the Employer) of my Employment Costs at the rates in force and payable as at the Commencement Date (or the Minimum Wage, if applicable), *[OR]
- I am unable to work, because I have caring responsibilities which have arisen because COVID-19 has led to the temporary closure of a school or nursery.
- For the duration of the claim period:-
 - o I have no work from the above Employer on account of the adverse economic effects of the Virus and so am required to go on furlough; *[OR]
 - o I have been required by KEMH or FIG to self-isolate on account of the Virus because I am a non-essential worker, I have symptoms associated with the Virus, or a member of my household has such symptoms and has been required to self-isolate, and I am unable to work from home during the period of self-isolation; *[OR]
 - o I am a sole carer of one or more children required by KEMH or FIG to self-isolate on account of the Virus, and I am unable to work from home during the period of self-isolation; *[OR]
 - o I am required by KEMH or FIG to quarantine on account of the Virus after returning to the Falkland Islands from overseas and I am unable to work from home during the period of quarantine; *[OR]
 - o I am only able to work (whether at my normal workplace or at home) for part of my usual working hours for the above Employer on account of the adverse economic effects of the Virus (as referred to in the Employer's application) and so am required to go on short-time working; *[OR]
 - o I am a sole carer of one or more children and have been required to stay at home due either school/nursery closures or reduced capacity.

*please delete or specify as appropriate

- I returned/will return (unless prevented from doing so by ill-health) to my employment with the above Employer at the end of the Furlough Period or once the schools/nurseries are able to accept my dependent again on the same basis as applied at the Commencement Date.
- I have confirmed to the above Employer whether I also work for other employers; and if so, I have given the above Employer the name, address and description of each other employer for whom I work and confirmed, so far as I am aware, whether they have made, or intend to make, any claim in respect of me under the Scheme.
- Notwithstanding the provisions of the Taxes Ordinance 1997 (as amended) or any other relevant legal, regulatory or other requirements or policies, I hereby consent to the disclosure of details of my wages, salary or other employment benefits and tax position within FIG as necessary to verify the claim made by my Employer under the Scheme in respect of myself.
- Notwithstanding the provisions of the Access to Health Records Ordinance 1995 or any other relevant legal, regulatory or other requirements or policies, I hereby consent to the disclosure of my health records within KEMH and by KEMH to any other department of FIG as necessary to verify the claim made by my Employer under the Scheme in respect of myself.
- In consideration of Scheme Payments made or to be made to the above Employer and my receipt of corresponding payments from, and my continued employment by, the Employer, I hereby waive, for the duration of the Furlough Period, my rights to my contractual remuneration (including wages, salary and all other employment benefits) under my employment contract or other terms of employment, and to any guarantee payments under sections 15 – 21 of, and my other statutory rights (including, without limitation, redundancy rights) under, the Employment Protection Ordinance 1989 to the extent that these would otherwise arise by reason of my furlough or being placed on short-time working pursuant to the Scheme provided that my statutory rights (including redundancy rights) in the event that the Employer makes me redundant during or after the Furlough Period shall not be affected and shall apply in full, and that I have not waived (nor purported to have waived) my rights to a Minimum Wage under the Minimum Wage Ordinance 2013 and any subsidiary legislation made under it from time to time.
- Any payments I receive from my Employer which are funded by Scheme Payments will be in the nature of remuneration, will be taxable income and will be subject to income or other tax in accordance with the terms of the Taxes Ordinance (as amended) and any other relevant tax legislation, and to other deductions (such as pension contributions) in the normal way, depending on my individual circumstances.

Name(s): _____

*Signature(s): _____ Date: _____

* Documents can be signed in original or electronic format as appropriate.