



**COVID – 19**  
**Income Supplement 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	
Commencement Date 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. Claim Details**

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?	
Claim Period(s) (start and end date)	

#### 4. Net Earnings / Revenue

<b>A</b>	Average Monthly Income over the last pre-Covid-19 year (or the period since the commencement of the business, if less) <i>(to be taken from the most recent tax assessment and relevant annual accounts )</i>	£
<b>B</b>	80% of your Average Monthly Income over the previous pre-Covid-19 year (or the period since the commencement of the business, if less) <i>i.e., 80% of amount in (A)</i>	£
<b>C</b>	Income for last full month prior to application date <i>If you are not able to identify this amount, please fill in the boxes identified with letters from D to L</i>	£
<b>D</b>	Average Monthly Net Earnings over the last pre-Covid-19 year <i>(or the period since the commencement of the business, if less)</i>	£
<b>E</b>	Average monthly Revenue over the previous last pre-Covid-19 year <i>(or the period since the commencement of the business, if less)</i>	£
<b>F</b>	Average Operating Margin – <i>ie, the ratio of the amount in (D) over the amount in (E)</i>	%
<b>G</b>	Revenue for last full month of business operations prior to application date	£
<b>H</b>	Estimate of Net Earnings for last full month of business operations prior to application date – <i>ie the amount in (G) multiplied by the amount in (F)</i>	£
<b>I</b>	Any other source(s) of Income over the last full month prior to application date	£
<b>L</b>	Estimate of Income for last full month prior to application date – <i>ie the amount in (H) plus the amount in (I)</i>	£

Amount claimed for one month  <ul style="list-style-type: none"> <li>– the amount in (B) less the amount in (C); or</li> <li>– in case you are not able to identify the amount in (C): the amount in (B) less the amount in (L)</li> </ul>	£
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## 5. Other Employment

In addition to your normal activity, are you employed?

If so, please provide your employer(s) names and addresses, your earnings from each employer for the previous month and confirm if, so far as you are aware, they have made/will make claims in respect of you as their employee under the Job Retention (Furlough) Scheme.

Employer Name	
Employer Address	
Claiming under the Furlough Scheme (yes/no)	
Earnings for last full month	£
Other Employer Name	
Other Employer Address	
Claiming under the Furlough Scheme (yes/no)	
Earnings for last full month	£

(Please continue on a separate page if necessary)

## 6. Self-isolation/Quarantine

\*Only complete this section if you have been instructed to self-isolate or quarantine by KEMH or FIG.

Are/were you quarantining on return from overseas medical treatment?	
Are/were you required by FIG to stay at home as a non-essential worker?	
Are/were you instructed by KEMH to self-isolate for health reasons?	
Are/were you self-isolating for yourself or for the benefit of one or more other person(s) (whether a child in your care or another member of your household)?	
Can/could you work at home?	
If so, can/could you work your usual business hours at home? If not, what percentage of your usual business hours can/could you work at home?	
Period of Self-Isolation/Quarantine /being required to stay home	

## 7. Accompanying Documents

Please include the following documents with your application:-

Most recent tax assessment and relevant accounts. *If these have already been submitted with a previous application they will not need to be submitted again.	
Evidence of earnings for the last full month of business prior to application e.g. monthly accounts, payslips, bank statements, etc.	
*Scheme New Creditor Form * to be provided by Applicant not already registered on FIG's Account Payable System	

## 8. Declaration

In consideration of the grant of Support Payments to me/the applicant\* under the both the Income Support Supplement Scheme (ISSS) or the Carers Responsibility Supplement (CRS), I, the undersigned (as a self-employed person/for and on behalf of the applicant referred to in this application form\*) hereby certify, accept and undertake (as applicant/having been duly authorised by the applicant to do so on its behalf\*) that:-

(\*please delete as appropriate.

Please note: If purporting to give this undertaking on behalf of the applicant 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 this application and in the accompanying documents, or otherwise provided in connection with the Schemes, is true, accurate, up-to-date and complete.
- I am/the applicant is\* eligible to claim Support Payments under the Schemes.
- I/the applicant\* shall comply with the Terms.
- During the period of support for which I/the applicant\* claim(s) under the Scheme (**Claim Period**) and on account of the adverse economic effects of the Virus:-
  - o \*I have/it has experienced a reduction in my/its\* [Revenue and Net Earnings or income] (as referred to in my application); and/or
  - o \*I have been required by KEMH or FIG to self-isolate/\*it has been required by KEMH or FIG to suspend operations on account of the Virus because I am/it is 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/it is 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 a sole carer of one or more children and have been required to stay at home due either school/nursery closures or reduced capacity.
- For an application for the ISSS I have/the applicant has\* been continuously self-employed in the same business for not less than three months prior to the commencement of the Claim Period or, in the case of

my/its\* seasonal business, I/it\* was continuously self-employed in at least the same three-month period during the 2019 tax year.

- For an application for the CRS I have/the applicant has\* been continuously self-employed in the same business for not less than one month prior to the commencement of the Claim Period.
- I/the applicant\* will use any Support Payments awarded to me/it\* under the Scheme to support, and maintain the solvency of, my/its business (as described above).
- I/the applicant\* intend(s) to continue to trade (unless prevented from doing so by ill-health) throughout the Claim Period and thereafter at least until the end of the 2022 tax year.
- I have/the applicant (being an individual or if a partnership or other unincorporated association, each of its partners or members) has\* the right to live and work in the Falkland Islands, hold(s) a current, valid entitlement, permit or consent for such purpose, and am/is\* resident in the Falkland Islands throughout the Claim Period.
- if it is a company or other body corporate or charity, the applicant is duly incorporated or established and registered under the laws of the Falkland Islands or entitled to conduct its business in the Falkland Islands, and conducts in the Falkland Islands all or a substantial part of the business in respect of which it is claiming support under the Scheme;
- If applicable, I have/the applicant has\* confirmed to the employer(s) named above that I am/it is\* also self-employed on a part-time basis, provided them with my/its\* **trading name and address in that capacity and confirmed that I have/it has\* made/will make a claim in respect of my/its\* self-employment under the Scheme.**
- 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 my claim 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/the applicant\* hereby consent(s) to the disclosure of my/its\* tax and other records as maintained by the Tax Office or other departments within FIG as necessary for FIG to verify my/its\* self-employed status and claims under the Scheme.
- Any Support 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, and to any other deductions in the normal way, depending on my/its\* individual circumstances.
- Any breach by me/the applicant\* of the requirements of the Scheme or any of the above undertakings, or the provision by me/it\* of any false or misleading information in, or in connection with, this application will entitle FIG to reclaim, recover and withhold any Support Payments awarded under the Scheme (in whole or part).

Name(s): \_\_\_\_\_

\*Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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