

UWE Students' Union U Block, Frenchay Campus Coldharbour Lane Bristol BS16 1QY

Questionnaire to determine Self Employment status

✓ To be completed by the self-employed individual				
Do NOT complete this form if you:				
► Have a Registered Company Number ► Supplying goods				
The Following document is to be completed by individuals considered "self-employed", trading under their own name or a company name. The purpose of check is to conform to the internal due diligence checks required by HMRC, for use of off payroll individuals, providing a service. You should receive a responsus confirming the result of the determination.	r the			
You will only need to complete this form once; unless any of the details provide change. Each question should be completed, any questions that do not a please mark with an N/A.				
Individuals Name / Trading Name (If applicable)				
Contact Email				
Address				
SU Contact Name				
Self-Employment Tax Number or Unique Tax Reference number (UTR):				
1) Have you already undertaken the work required?				
2) Was there a common intention expressed between you & the SU that the work should be carried out on a self-employed basis during the discussion of your terms & conditions? Has there been a contract agreed?				
3) How much are you being paid for the work? Is this an Hourly Rate or Fixed Price?				
Fixed				
£ Hourly Rate				
Other				



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Time Scale:		
Equipment:		
Location:		
Material costs:		
5) Who is responsible f	or Financial Risks? (Correction	ons, Replacements etc.)
I am Responsible	I am not	Responsible
6) Will you incur any	costs related to this work,	prior to payment?
Equipment	Mate	erials
Vechile Costs (Inc. F	Fuel) Othe	er Costs
	Details	3:
(i.e. under SU mana		I have partial control w
(i.e. under SU mana I have Full Control 8) Have you delegate	agement)?	I have partial control w UWESU individual or has the we



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DISCLAIMER

I hereby declare that I am registered as self-employe through:	ed and make my annual returns
► The HMRC Website	
► A Tax office or Advisor (Name and Address):	
Self-Employment Tax Number or Unique Tax Reference number (UTR)	
National Insurance Number	
Name (Please print)	
Address	
Signature:	Date

All sections of this form must be completed otherwise it will be rejected. Please return this declaration, **along with the Questionnaire** to your Student Union contact.