**Checklist for employment status- Manager**

**Name of club/association..............................................**

**Name of individual........................................................**

|  |  |  |
| --- | --- | --- |
| **Test for self employment** | **Y** | **N** |
| **Integration** |  |  |
| Do they have an Association email address? |  |  |
| Do they manage your staff? |  |  |
| **Control** |  |  |
| Do you tell them how and when to do something?  |  |  |
| Do you move them from task to task?  |  |  |
| **Equipment** |  |  |
| Do they provide their own equipment? |  |  |
| **Financial risk** |  |  |
| Do you require them to hold public liability insurance?  |  |  |
| Degree of Financial Risk- Are they paid a fixed fee rather than hourly? |  |  |
| Number of Other Clients- are they free to have other clients? |  |  |
| Ability to Send a Substitute- if they are unable to work do they arrange and pay a substitute?  |  |  |

 Indication of self employed status. 7/9 is a strong indicator of self employed status.

After reviewing the position of (name).................................................................... they are/are not considered to be self employed.

Name ............................................................................. Date............................................................

**Ensure form is kept for review by HMRC if required and updated annually.**