

ADVANCE NOTICE OF REDUNDANCIES FORM

The Employment (Jersey) Law 2003 requires that an employer who is proposing to dismiss as redundant 12 or more employees at one establishment within a period of 30 days or less, must give the Social Security Minister advance notice. This enables the Social Security Department to make early contact with employees who are facing redundancy to offer them assistance and advice relating to job seeking, training, Social Security contributions and benefits. After receiving your notice, the Department will contact you to offer assistance to your employees who are facing redundancy.

The Department may consult with other appropriate Government Departments and related agencies that could also offer services to your employees, such as job seeking assistance and careers advice. These might include, for example, the Ministers for Economic Development and Education Sport and Culture. The information about your company is commercially confidential and will be used only for the purpose of assisting those facing redundancy.

Data Protection (Jersey) Law 2005 - We will store the information you give us in a computer system, which will help us deal with it more efficiently. We may use the information for statistical purposes.

<p>How to complete this form</p>	<p>Your legal obligations under the Employment (Jersey) Law, 2003, as amended on 1 June 2012</p>
<p>1. Use a separate form for each establishment where 12 or more redundancies may occur at one establishment within a 30-day period.</p>	<p>1. You are required by law to notify the Minister if you are proposing to dismiss as redundant 12 or more employees at one establishment, such dismissal taking place within a period of 30 days or less.</p>
<p>2. Use black ink and write your answers in CAPITALS to make it easier for us to read.</p>	<p>2. If you operate from more than one site, the relevant establishment could be a single location, a number of different locations or a group of employees based at a number of locations. <i>You may wish to take appropriate advice.</i></p>
<p>3. Where tick boxes appear, please tick those that apply.</p>	<p>3. You must consult representatives of employees about proposed redundancies at least 30 days before the first dismissal takes effect (Question 10), unless the employees were employed under a single fixed term contract of 1 year or less.</p>
<p>4. If the circumstances outlined in this form change, please notify us immediately.</p>	<p>4. You must notify the Minister of proposed redundancies before giving any employees notice to terminate their contracts, or at least 30 days before the first dismissal takes effect, whichever is the earlier.</p>
<p>5. Please return the completed form, by post to: Head of Employment and Support Services, Social Security Department, La Motte Street, St Helier, JE4 8PE.</p> <p>or by Email: redundancynotice@gov.je or by fax: 01534 447446</p> <p>Please attach a read receipt to your e-mail if you require an acknowledgement. If you fax or email the form to us, there is no need for you to send the original form by post.</p> <p>For help completing the form, telephone: 01534 447400.</p>	<p>5. You must send a copy of this notification to the representatives of the employees being consulted.</p>
<p>6. Further Information</p> <p>An electronic copy of this form, as well as guidance on redundancy procedures and assistance for employers and employees, can be found on the JACS website:</p> <p>www.jacs.org.je/content/311/index.html</p>	<p>6. If you have already notified us about one group of redundancies and you need to make further redundancies you should treat them as separate events. You do not need to add the numbers in the two groups together to calculate the minimum period for either group.</p>
	<p>7. The notification date is the date on which we receive your completed form.</p>
	<p>8. If it is not reasonably practicable for you to comply with this requirement to notify the Minister at the specified time, you must make every effort do so and must give reasons why you could not provide the information on time.</p>

1. Employers details		
Employer code:		
Name:		
Address:		
Postcode:		
Tel:		
Email:		
2. Employers contact details		
Name:		
Address (if different to 1):		
Postcode:		
Tel:		
Email:		
3. Establishment where redundancies are proposed <i>(please tick)</i>		
Address at 1		
Address at 2		
Address, if different to 1 or 2		
Postcode:		
Tel:		
Email:		
4. Timing of redundancies		
a) date of first proposed dismissal	/ /	
b) date of last proposed dismissal	/ /	
c) if you have given less than the required 30 day notice period, please state the reasons why.		
5. Method of selection for redundancy		
6. Staff numbers/redundancies at this establishment		
Occupational group	Total no of employees	No of possible redundancies
Manual		
Clerical		
Professional		
Managerial		
Technical		
Apprentice/trainee		
Under age 18		
Special emp needs		
Other		
Totals		

7. Nature of main business		
8. Closure of business		
Do you propose to close this establishment?		
<i>Please circle</i> Yes / No		
9. Reason for redundancies		
Please tick one or more boxes to show the main reason(s) for the proposed redundancies		
Lower demand for products or services		
Completion of all or part of a contract		
Transfer of work to another site or employer		
Introduction of new technology/machinery		
Changes in work methods or organisation		
Insolvency		
Other (please give details)		
10. Consultation <i>(*see footnote)</i>		
a) Please provide the name(s) of:		
Recognised trade union	Name of Representative	Description of employee they represent
b) If you do not recognise trade unions for any groups of employees, please give the name(s) of their elected representative:		
Name of elected representative	Description of employee they represent	
c) Have you given a copy of this form to all the appropriate representatives?		
<i>Please circle</i> Yes or No		
d) Have you started the consultation process with the appropriate representatives?		
<i>Please circle</i> Yes or No		
e) If yes, what date did consultation start?		
/ /		
f) Have you given notices of dismissal to the employees?		
<i>Please circle</i> Yes or No		
11. Declaration		
I certify that the information given on this form is, so far as I know, correct and complete.		
Signature:		
Position:	Date:	

*Q.10 a-e need not be completed where the employees were employed on a single fixed term contract of 1 year or less.