**Restricted Commercial**

**HR1: Advance Notification of Redundancies**

* All sections of this form must be completed. If any of the information is missing, the form will not be accepted.
* Please return the completed form to [HR1@insolvency.gov.uk](mailto:HR1@insolvency.gov.uk).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | * + - 1. **Employer’s details** | | | | | | | | | | | | |  |
|  | Name | | | | | | | | |  | | | |  |
|  | Registered address | | | | | | | | |  | | | |  |
|  | Postcode | | | | | | | | |  | | | |  |
|  | Company or Charity Registration Number | | | | | | | | |  | | | |  |
|  | Telephone | | | | | | | | |  | | | |  |
|  | Email | | | | | | | | |  | | | |  |
|  |  | | | | | | | | | | | | |  |
|  | * + - 1. **Employer’s contact details** | | | | | | | | | | | | |  |
|  | Name | | | | | | | | |  | | | |  |
|  | Address (if different to 1) | | | | | | | | |  | | | |  |
|  | Postcode | | | | | | | | |  | | | |  |
|  | Telephone | | | | | | | | |  | | | |  |
|  | Email | | | | | | | | |  | | | |  |
|  |  | | | | | | | | | | | | |  |
|  | * + - 1. **Establishment where redundancies are proposed** | | | | | | | | | | | | |  |
|  | Address at box 1 | | | | | | | | | Yes/No | | | |  |
|  | Address at box 2 | | | | | | | | | Yes/No | | | |  |
|  | Other Address | | | | | | | | |  | | | |  |
|  | Postcode | | | | | | | | |  | | | |  |
|  |  | | | | | | | | | | | | |  |
|  | * + - 1. **Timing of redundancies** | | | | | | | | | | | | |  |
|  | Date of first proposed dismissal | | | | | | | | |  | | | |  |
|  | Date of last proposed dismissal | | | | | | | | |  | | | |  |
|  | If you have given less than the required 30/45 day notification period please give reason for late notification | | | | | | | | |  | | | |  |
|  |  | | | | | | | | | | | | |  |
|  | * + - 1. **Method of selection for redundancy** | | | | | | | | | | | | |  |
|  | Method | |  | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |
|  | * + - 1. **Staff numbers/redundancies at this establishment** | | | | | | | | | | | | |  |
|  | **Occupational group** | | | | | **Total number of employees** | | | | | | **Number of possible redundancies** | |  |
|  | Manual | | | | |  | | | | | |  | |  |
|  | Clerical | | | | |  | | | | | |  | |  |
|  | Professional | | | | |  | | | | | |  | |  |
|  | Managerial | | | | |  | | | | | |  | |  |
|  | Technical | | | | |  | | | | | |  | |  |
|  | Apprentices/trainees | | | | |  | | | | | |  | |  |
|  | Under 18 | | | | |  | | | | | |  | |  |
|  | Other | | | | |  | | | | | |  | |  |
|  | **Totals** | | | | |  | | | | | |  | |  |
|  | | | | | | | | | | | | | | |
| * + - 1. **Nature of main business** | | | | | | | | | | | | | | |
| [**SIC code**](https://www.gov.uk/government/publications/standard-industrial-classification-of-economic-activities-sic) | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | |
| * + - 1. **Closure of the business** | | | | | | | | | | | | | | |
| Do you propose to close this establishment | | | | | | | | | Yes/No | | | | | |
|  | | | | | | | | | | | | | | |
| * + - 1. **Reasons for redundancies** | | | | | | | | | | | | | | |
| Please tick one or more boxes to show the main reason(s) for the proposed redundancies | | | | | | | | | | | | | | |
| A | | Lower demand for products or services | | | | | | | | | |  | | |
| B | | Completion of all or part of contract | | | | | | | | | |  | | |
| C | | Transfer of work to another site or employer | | | | | | | | | |  | | |
| D | | Introduction of new technology/plant/machinery | | | | | | | | | |  | | |
| E | | Changes in work methods or organisation | | | | | | | | | |  | | |
| F | | Other (please give brief details below) | | | | | | | | | |  | | |
| G | | Insolvency | | | | | | | | | |  | | |
| Details | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | |
| * + - 1. **Consultation** | | | | | | | | | | | | | | |
| 1. Please provide the name(s) of: | | | | | | | | | | | | | | |
| **Recognised trade union** | | | | **Name of representative** | | | | | | | **Description of employee they represent** | | | |
|  | | | |  | | | | | | |  | | | |
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|  | | | |  | | | | | | |  | | | |
|  | | | |  | | | | | | |  | | | |
| 1. If you do not recognise trade unions for any groups of employees please give the name(s) of their elected representatives below: | | | | | | | | | | | | | | |
| **Name of elected representative** | | | | | | | **Description of employee they represent** | | | | | | | |
|  | | | | | | |  | | | | | | | |
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| 1. Have you given a copy of this form to all the appropriate representatives? | | | | | | | | | | | | | Yes/No | |
| d) Have you started the consultation process with the appropriate representative? | | | | | | | | | | | | | Yes/No | |
| e) If yes, please give the date consultation started: | | | | | | | | | | | | |  | |
| f) Have you given individual notices of dismissal to the employees? | | | | | | | | | | | | | Yes/No | |
|  | | | | | | | | | | | | | | |
| * + - 1. **Declaration** | | | | | | | | | | | | | | |
| **I certify that the information given on this form is, so far as I know, is correct and complete.** | | | | | | | | | | | | | | |
| Name: | | | | | | | |  | | | | | | |
| Position/role: | | | | | | | |  | | | | | | |
| Date: | | | | | | | |  | | | | | | |

Further [copies of this form and guidance about advance notifications of redundancies](https://www.gov.uk/government/publications/redundancy-payments-form-hr1-advance-notification-of-redundancies) are available on GOV.UK.

**Your legal obligations under Trade Union and Labour Relations (Consolidation) Act 1992, Part IV, Chapter II**

You are required by law to notify the RPS of a proposal to dismiss 20 or more employees as redundant at one establishment within a period of 90 days or less.

If you operate from more than one site, each one is treated separately for notification and consultation purposes. An establishment is the site where an employee is assigned to work. You must complete a form for each site where 20 or more redundancies are proposed.

Where employers are furloughing their staff and they are not contemplating dismissing 20 or more staff in a single establishment there is no requirement to carry out a formal consultation and notify the Secretary of State.

Your minimum period for notification and consultation for:

* between 20 to 99 redundancies at one of your establishments, is at least 30 days before the first dismissal
* 100 or more redundancies at one of your establishments, is at least 45 days before the first dismissal

You must notify us at least 30/45 days before the first dismissal and before you issue any individual notices of dismissal.

You must send a copy of this notification to the representatives of the employees being consulted.

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.

The notification date is the date on which we receive your completed form.

If it is not reasonably practicable for you to comply with the minimum notification periods you must make every effort do so as far as you are able. You must give reasons why you could not provide the information on time.