

# Australian Defence Force Reserves Employer Support Payment Scheme

Registration number  
(Office use only)

## ***CDF Approval for Additional Employer Support Payments for Medical, Dental, Nursing or Allied Health Officers***

Date received by  
ESPS office  
(Office use only)

### ***Claim form for Self Employed Reservists***

#### **Privacy statement**

Defence is collecting the information on this form to determine your eligibility for payment under the ADF Reserves Employer Support Payment Scheme (ESPS). This payment is authorised by the current Defence Determination, 2012/68 Reserve employer support payments made under Section 58B of the [Defence Act \(1903\)](#). Information provided in this ESPS claim form will be used for the administration of the ESPS. This information may be used to detect or prevent fraud and/or recover overpayments. The information may also be used in the organisation or conduct of employer support activities, to assist Service personnel staff with managing the employment of Reservists and by the Office of Reserve Service Protection in investigating breaches pertaining to the [Defence Reserve Service \(Protection\) Act 2001](#). This information is safeguarded by the [Privacy Act \(1988\)](#) (Cwth) which prohibits the information from being used for unauthorised purposes.

**Completion instructions:** Please refer to the Instructions for completion located at the end of this form for details on how to complete this claim form. For further information or to lodge your ESPS claim online, please visit [www.defencereservessupport.gov.au](http://www.defencereservessupport.gov.au).

<b>Reservist's details</b>			
1. Family name		10. Service <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> Air Force	
2. Given name(s)		11. Reservist's Defence unit	
3. Physical address (This is required and cannot be a PO Box Address)		12. Health employment category or specialisation	
State	Postcode	<b>Business details</b>	
4. Phone number (Including area code)		13. Name of organisation or business	
5. Fax number (Including area code)		14. ABN/ACN [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ]	
6. Email		15. Trading name	
7. Mailing address (Leave blank if same as question 3)		16. Industry type	
State	Postcode	17. Date business commenced	
8. Rank		18. Organisation size (Number of employees including part/full-time, casual and contractors)	
9. Employee ID number		<input type="checkbox"/> Micro (0 - 4) <input type="checkbox"/> Medium (20 - 199) <input type="checkbox"/> Small (5 - 19) <input type="checkbox"/> Large (> 200)	

**19. Nature of employment details**

- I am the director of a company
- I am a sole trader
- I am employed by a family member who is a sole trader
- I am a partner in a partnership
- I am a trustee of a trust
- I have power under a trust deed to remove the trustee or trustees of a trust and appoint another trustee or trustees
- I am employed by a company in which I have a controlling interest

**Employment**

20. Are you employed in the business on a full-time basis?
- Yes
  - No

21. I normally work  hours per week in the business.

22. Details of any other employment held

Name of employer	Average hours per week

23. In this Financial Year, have you previously submitted evidence of your normal weekly hours of work?

- Yes
- No ➔ You must attach evidence of normal weekly hours of work

24. In the last 24 months, have you submitted evidence of your eligibility under the Principal Source of Income or Principal Source of Employment provision (PSI or PSE evidence should be updated every 24 months).

- Yes ➔ What 12 month period was nominated/approved as the assessment period?

from  to

- No ➔ Continue to required documentation

25. Do you have, or contract to a bona fide functioning medical practice?

- Yes ➔ Complete the attached link to JHC ESPS Data Form <http://www.defencereservessupport.gov.au/media/1074/141118-jhc-esps-data-form.pdf> and proceed to Question 26

- No ➔ Continue to next question

**Required documentation**

My nominated assessment period is from:

to

You need to nominate an assessment period that is at least 12 months in length and immediately prior to the Defence service being claimed. You must attach the following evidence

I have enclosed the following documentation (See below - note that you must supply at least one of the following from the sections below):

**Proof that the business or company is bona fide** (Attach at least one of the following)

- Evidence of allocation of an Australian Business Number that has not been withdrawn.
- Certificate of Incorporation
- Business registration certificate

**Proof that the business is operating or trading** (Attach at least one of the following)

- Current Business Activity Statement for the business or company.
- Current financial statement for the business or company, certified by the company's accountant or financial advisor.
- Current business tax return with the Australian Tax Office notice of assessment (Only required with sole trader individual tax returns) - if not yet received, the notice of assessment must be forwarded within seven days of its receipt.
- Other evidence from an accountant or financial advisor for the business or company.

**You must also provide either Principal Source of Income evidence or Principal Source of Employment evidence.**

If claiming under Principal Source of Income (Attach at least one of the following):

- Reservist's current financial statement, certified by the member's accountant or financial advisor (This statement must relate to the Reservist's finances, not the business).
- Reservist's current personal tax return with the Australian Taxation Office notice of assessment - if not yet received, the notice of assessment **must** be forwarded as soon as practicable.
- Other relevant evidence from an accountant or financial advisor concerning the Reservist's income (Specific requirements apply - see 'Instructions for completion').

If claiming under Principal Source of Employment

- Evidence that the business or company has provided the Reservist's Principal Source of Employment for a continuous period of at least twelve months.

**SENSITIVE: PERSONAL (After first entry)**

**26. Civil Practice Support Allowance**

Are you entitled to claim Civil Practice Support Allowance (CPSA) in respect of any of the claimed periods of Defence service?

**Note:** Please be aware that if you are eligible for CPSA payments, CPSA may be reduced from any ESPS entitlement.

- Yes  
 No

**27. Qualifying Period**

A Reservist must complete a Qualifying Period (QP) of two weeks of eligible Defence service each financial year.

The first two weeks of eligible service will be recognised to be the QP. The claim dates for QP should be included in each claim. QP does not attract ESPS payments.

**Claim dates**

Defence Service must be at a minimum, periods of at least five consecutive days.

Special provisions exist where there is a public holiday, part-day of service or if a day has been used for travel purposes.

Date from	Date to	Activity undertaken (Specify activity you were undertaking eg Ex Hamel 13 or driver training course etc.)

You are not eligible to receive an ESPS payment for any day when you worked in your business on that day (Including working in off-duty hours); unless the work was in an emergency or was performed with written permission from your Commanding Officer or Branch Head. An ineligible day may render an entire period of service ineligible.

**Late waiver**

A claim should be made within six months of the first date of claimed service.

Claims made between six and twelve months may only be considered if a waiver is sought and approved.

Claims submitted twelve months or more after the first date of claimed service will be rejected.

Late waiver justification

**28. Business account details**

Nominate your organisation's bank account details for ESPS payments to be paid into. (To be completed by your bank signatory or company human resource manager).

Name of bank, building society or credit union
Branch where account is held
BSB number
Account number
Account name

I hereby authorise the Department of Defence to record and use the details provided for the purpose of Direct Credit payment.

Signature	
Printed name	Date

**29. Remittance advice**

Defence will issue a Remittance Advice slip when making an ESPS payment. You may nominate an email address for this advice. If an email address isn't nominated here, the remittance advice will be sent to the email address listed in question 6.

Email address

**SENSITIVE: PERSONAL (After first entry)**

**Self employed Reservist's declaration (To be completed by the Reservist)**

**I declare that:**

- I was not utilising annual leave, long service leave or other forms of accrued leave whilst on the periods of Defence service detailed on this claim form.
- I have provided details on the claim form of any activities related to my civilian employment that I undertook whilst on the periods of Defence service detailed on this claim form.
- **Note:** You are not eligible to receive an ESPS payment for any day that you worked in your business unless the work was in an emergency situation or with written permission from your commanding officer or branch head.
- My employer (*whether myself, my partner, my company or my trust*) has provided an undertaking that they will provide the employment and partnership protection benefits of the [Defence Reserve Service \(Protection\) Act \(2001\)](#) to me under the Act.
- I am not in full-time employment with any employer.
- I acknowledge that I must notify the ESPS decision-maker in writing, as soon as practicable, if any of the following circumstances occur:
  - I do not complete any period of Defence service that is mentioned in this claim for employer support payment.
  - My business is disposed of.
  - My business ceases to trade or operate on any basis, whether temporary or permanent.
  - I cease to be an employee of the business or to have a controlling interest in the relevant company or business.
  - I cease to be employed by the trust or the trustee of a trust.
  - I cease to be a sole trader, or to be employed by a family member who is a sole trader.
  - I cease to be a partner in the partnership.
  - In this event, my entitlement to ESPS payments will cease immediately if the event occurs (except in relation to a temporary cessation of business for less than 26 weeks or for a period when you are on continuous full time Defence service).

**I acknowledge that:**

Defence may collect information from DVA regarding acceptance or liability of incapacity payments when processing ESPS Injury/Illness claims (*such as nature and date of injury, is industry service related and details of DVA incapacity payments*).

Signature	Printed name	Date

Please refer to the 'Instructions for completion' for details on how to complete this claim form.  
For further information regarding other ESPS matters, please refer to [www.defencereservessupport.gov.au](http://www.defencereservessupport.gov.au).

**SENSITIVE: PERSONAL (After first entry)**

**Official use only** (To be completed by ESPS delegate)

**Claimant's details**

PMKeyS number	Rank	Family name

Prior to certifying a claim, the claimed service must be verified using Global Payroll or an authorised attendance source document.

**Qualifying period service**

The two weeks annual qualifying period service may have been undertaken prior to the service detailed on this claim form. Qualifying period service should be recorded from the first claim form submitted in each financial year.

**Qualifying period calculations**

Financial year	Date from	Date to	Number of days	Number of weeks qualifying service (Must total two weeks)

**Eligible service for ESPS payments**

If qualifying period requirement was completed previously, all eligible service on this claim form should be detailed here. If qualifying period service was **not** completed previously, some of the service on this claim form must be detailed as qualifying period service.

**ESPS calculations**

Date from	Date to	Number of days	Number of weeks payment	Part-time hours (If applicable)	Weekly rate	Amount payable
<b>Total amount payable</b>						

**Note:** GST does not apply to ESPS claims.

**Certification by ESPS delegate**

I have reviewed the documentation provided to support this claim and have conducted appropriate checks so as to satisfy myself that:

- The applicant is self employed
  - on a Full-time basis       on a Part-time basis (  hours per week)
  - If employed on a part-time basis, payment has been calculated on the correct pro-rata basis
- The applicant has a bona fide business or company.
- The business or company is trading or operating.
- The business or company has provided the applicant's principal source of income/employment for a continuous period of twelve months from  to  (PSI)  
 to  (PSE)
- I approve this claim for ESPS as detailed above       I do not approve this claim for ESPS

Comments

Signature	Printed name	Rank
Appointment	Phone number	Date

**SENSITIVE: PERSONAL (After first entry)**

**Official use only** (To be completed by delegate or central processing area and returned to the claimant once payment has been processed)

<b>Notification of ESPS payment</b>		<input style="width: 95%;" type="text" value="Unit reference"/>	
Employer Support Payments have been approved for the following periods of Defence service undertaken by:			
<input style="width: 95%;" type="text" value="Name of reservist"/>			
Date from	Date to	Date from	Date to

This decision was based on our principal source of income/employment over a continuous period of twelve months from:

to

Payment of  in Employer Support Payments will be made for this claim. If the Defence service covered by this claim includes any service in the next financial year, this payment figure will vary (*as a higher rate of payment will apply from 1 July onwards*). This payment figure will also vary if there is any change to your dates of Defence service (*eg if you return early from a Defence activity*).

If your claim relates to a completed period of Defence service, you should have received this payment into your nominated account (*or it will be paid into this account in the near future*).

If your claim relates to ongoing service you will receive an initial payment of  into your nominated account, with further payments until the claim period service is completed. In this case, you will receive further payments of  on a fortnightly basis and a final payment of .

Thank you for your support of the Australian Defence Force Reserves.

<input style="width: 95%;" type="text" value="Signature"/>	<input style="width: 95%;" type="text" value="Printed name"/>	<input style="width: 95%;" type="text" value="Rank"/>
<input style="width: 95%;" type="text" value="Appointment"/>	<input style="width: 95%;" type="text" value="Phone number"/>	<input style="width: 95%;" type="text" value="Date"/>

# Australian Defence Force Reserves Employer Support Payment Scheme Claim form for Self Employed Reservists

## Instructions for completion

<b>Introduction</b>	<p>The Employer Support Payment Scheme (ESPS) claim form is for use by self employed Reservists. This form should be completed to claim additional employer support payments under the CDF Capability Approval for specified medical, dental, nursing and allied health officers. <b>Please do not submit these instructions with your claim.</b></p>
<b>Assistance</b>	<p>For assistance completing this form or further information regarding any ESPS matter, please refer to <a href="http://www.defencereservessupport.gov.au">www.defencereservessupport.gov.au</a>, contact the help-line on 1800 001 696 or email <a href="mailto:esp@defence.gov.au">esp@defence.gov.au</a>.</p>
<b>Who can claim</b>	<p>To confirm updated listings, the current CDF Approval should be checked. A copy is available on the Defence Reserves Support website (see <a href="http://www.defencereservessupport.gov.au">www.defencereservessupport.gov.au</a>).</p> <p>If you belong to more than one of the categories listed, you must nominate the category that is your predominant Defence occupation.</p> <p>Health specialisations not listed may be considered for eligibility of higher level payments, if agreed to by a Service Chief or delegate and SGADF or delegate.</p>
<b>Submission details</b>	<p>The postal addresses of ESPS staff are on the website <a href="http://www.defencereservessupport.gov.au">www.defencereservessupport.gov.au</a>. Reservists should submit the claim form to the relevant ESPS staff within their service.</p> <p><b>Are you self-employed</b></p> <p>If you are:</p> <ul style="list-style-type: none"><li>• a director of a company;</li><li>• an employee of a company in which you have a controlling interest;</li><li>• a sole trader;</li><li>• an employee of a family member who is a sole trader;</li><li>• a partner in a partnership;</li><li>• a trustee of a trust;</li><li>• a person who has the power under a trust deed to remove the trustee or trustees of a trust and appoint other trustees; a director of, or has a controlling interest in, a company that is a trustee or a trust.</li></ul> <p>You are self-employed</p> <p><b>Controlling Interest</b> You control a company if you and your associates (<i>Including your relatives</i>), between you, are able to control the exercise of more than 20% of the voting power of the company, receive more than 20% of the dividends of the company or have the right to receive more than 20% of any distribution of the capital of the company.</p>
<b>Change in circumstances</b>	<p>A claimant must notify any relevant Service Chief or decision-maker in writing as soon as practicable, of any change in circumstances, including:</p> <ul style="list-style-type: none"><li>• the member does not complete any period of Defence service that is mentioned in the claim for employer support payment.</li><li>• the relevant business ceases to trade or operate on any basis, whether temporary or permanent.</li><li>• the member ceases to be an employee of the employer.</li><li>• the member ceases to be employed by a trust or the trustee of a trust.</li><li>• the relevant business is disposed of.</li><li>• the member ceases to have a controlling interest in the relevant company or business.</li><li>• the member ceases to be a sole trader, or to be employed by a family member who is a sole trader.</li><li>• the member ceases to be a partner.</li></ul>
<b>Industry type</b>	<p>List of industry types:</p> <ul style="list-style-type: none"><li>• Agriculture</li><li>• Manufacturing</li><li>• Construction</li><li>• Retail trade</li><li>• Transport, postal and warehousing</li><li>• Financial and insurance services</li><li>• Professional, scientific and technical services</li><li>• Health care and social assistance</li><li>• Other services</li><li>• Mining</li><li>• Electricity, gas, water and waste services</li><li>• Wholesale trade</li><li>• Accommodation and food services</li><li>• Information media and telecommunications</li><li>• Rental, hiring and real estate services</li><li>• Administrative and support services</li><li>• Education and training</li><li>• Public administration and safety</li><li>• Arts and recreation services</li></ul>

**Instructions for completion** (*Continued*)

**Bona fide functioning medical practice**

A bona fide functioning civil medical practice is a properly established medical practice in which a registered medical practitioner or practitioners clinically attend patients on a part-time or a full-time basis.

**Required Evidence**

- If you have/contract to a bona fide medical practice, you may provide a fully completed JHC ESPS Data Form with your first claim of each Financial Year as your supporting evidence.
- ESPS staff will seek certification of this form from CJHLTH or SGADF on your behalf.
- If you do not have/contract to a bona fide medical practice you must establish eligibility under the PSI/PSE provisions.

**Civil Practice Support Allowance (CPSA)**

If a claimant is entitled to Civil Practice Support Allowance, this entitlement will be offset from any ESPS payment under the CDF Approval.

**Qualifying Period**

Under the CDF Approval, once the two week qualifying period has been completed, ESPS is payable from day one of the eligible service (this is different from other ESPS payments).

**Employment Details**

**Question 20**

**Full-time work.** A Reservist is in full-time work if employed to perform at least 35 hours work per week (*Or to work the number of hours specified as full-time work hours in a workplace instrument made or certified by a Commonwealth or State industrial tribunal*). The Reservist's normal working hours must, on a weekly average, also be at least 80% of 35 hours per week (*or 80% of the hours specified in the workplace instrument*).

**Part-time work.** A Reservist is in part-time work if in regular or reliable employment that is not full-time work.

If the Reservist is employed part-time they should provide details of any other employment they may have.

**Note** - *If this information is not provided, any ESPS entitlement may be calculated incorrectly, this could lead to recovery action.*

**Question 27**

**Eligible service**

- Only days of service on which the Reservist worked a full day can be counted (*Unless the part day was also used for approved travel or rest purposes or the member was authorised to stand-down on that day*).
- If a period of service is less than five consecutive days, it is not eligible for an ESPS payment (*Unless linked to a Public Holiday, an authorised stand-down day, a sick day or a part day used for approved travel or rest purposes*).
- If you worked in your business (*Including working in off-duty hours*), that day is not eligible for an ESPS payment unless it was in an emergency or performed with written permission from the Reservist's Commanding Officer or Branch Head.
- Each period of service must be claimed separately (*Eg service from 12-16 August, 19-23 August and 2-6 September must be shown in three separate blocks; not as 12 August - 6 September*).

**Late Waiver**

A claim must be made within 6 months from the start of the period for which payment is sought.

Defence service that was undertaken more than 12 months before the claim is made will be rejected.