



Application form for self-employed people under the **Back to Work Enterprise Allowance**

What is Back to Work Enterprise Allowance?

The Back to Work Enterprise Allowance (BTWEA) is an incentive for people who are in receipt of a qualifying social protection payment to develop a business while allowing them to retain a reducing proportion of their qualifying payment over two years.

The BTWEA is co-funded by the Government of Ireland and the European Union. Participants who commenced BTWEA under the age of 30 are included as part of EU funding support under the ESF+ programme 2021-2027.

How do I qualify?

To get Back to Work Enterprise Allowance (BTWEA) you must be:

- in receipt of a qualifying payment for nine months continuously immediately prior to taking up BTWEA;
- under 66 years of age; **and**
- setting up a new enterprise.

What do I need to complete this application form?

You will need your Personal Public Service (PPS) Number along with information on:

- where you live;
- your children;
- your relationship status; **and**
- where you want your payment to issue.

How to complete this application form?

There are examples on the back of this page that can be used as a guide to fill in this form. Please:

- write with a **black** ballpoint pen, use **capital letters** and place an **X** in the relevant boxes;
- answer all questions that apply to you;
- complete **Parts 1 to 5** as they apply to you and your household; **and**
- sign and date the declaration in **Part 6**.

How do I apply?

Send this completed form to an **Employment Personal Adviser** at your local Intreo Centre. You can find the name and address of your local Intreo Centre by visiting **www.gov.ie/intreocentres**

How can I get help and further information?

If you need any help to complete this form, please contact your local Intreo Centre or Social Welfare Office or any Citizens Information Centre. You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting **www.gov.ie/intreocentres**

For more information on Back to Work Enterprise Allowance visit **www.gov.ie/BTWEA**

How to fill in this form

To help us process your application, write letters and numbers clearly and use one box for each. Please see examples below.

Part 1

Your details

1. PPS Number:

1	2	3	4	5	6	7	T	
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2. Title, insert an **X** or specify:

Mr		Mrs	X	Ms		Other						
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3. Surname:

M	U	R	P	H	Y											
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4. First names:

M	A	U	R	E	E	N										
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

5. Birth surname:

M	C	D	E	R	M	O	T	T								
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

6. Date of birth:

2	8		0	2		1	9	7	0
D	D		M	M		Y	Y	Y	Y

7. Address:

1		N	E	W		S	T	R	E	E	T								
O	L	D		T	O	W	N												
D	O	N	E	G	A	L		T	O	W	N								
County		D	O	N	E	G	A	L			Eircode		C	1	5	A	9	6	V

8. Telephone number:

0	8	8	1	2	3	4	5	6	7				
---	---	---	---	---	---	---	---	---	---	--	--	--	--

9. Email address:

M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

SAMPLE



Application form for self-employed people under the **Back to Work Enterprise Allowance**

Part 1

Your details

1. PPS Number:

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2. Title, insert an **X or specify:**

Mr Mrs Ms Other

3. Surname:

[illegible]

4. First names:

[illegible]

5. Birth surname:

[illegible]

6. Date of birth:

--	--	--	--

D D M M Y Y Y Y

7. Address:

[illegible][illegible][illegible]

County

--	--	--	--	--	--	--	--	--

Eircode

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8. Telephone number:

[illegible]

9. Email address:

[illegible][illegible]

10. Have you received a Back to Work Enterprise Allowance or Short Term Enterprise Allowance before?

☐ Yes☐ No

If **yes**, please give details.

11. What type of social protection payment are you getting?

Name of payment:

[illegible]

Weekly amount:

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12. If you are getting Jobseeker's Allowance, please state:

When you last signed on:

D D

M M

Y Y Y Y

13. Are you taking or have you taken part in any of the following courses or schemes listed below?
If yes, please provide evidence when you send in your application.

Type of course or scheme	Yes, place X	Date you started	Date you finished
Full-time Education Training Board course:	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Rural Social Scheme:	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Community Employment:	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Tús:	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Back to Education Allowance:	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Vocational Training Opportunities Scheme:	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y

Part 2

Your payment details

You can get your payment direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you.

Complete one option below:

Financial Institution

You can get the details requested below from statements from your financial institution.

Name of financial institution:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Identifier Code (BIC):

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International Bank Account
Number (IBAN):

Names of account holders:

Name 1:

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Name 2, if any:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 3

Details of your qualified children

14. How many children do
you wish to claim for?

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under 18 years of age

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18 - 22 years of age in
full-time education

Please state child's:

Child 1:

Surname:

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First names:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PPS Number:

--	--	--	--	--	--	--	--	--	--

Child 2:

Surname:

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First names:

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PPS Number:

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Child 3:

Surname:

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First names:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PPS Number:

--	--	--	--	--	--	--	--	--	--

Note: A separate sheet of paper can be used for more details if needed.

15. What does your business or project involve?

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16. Have you any relevant training, work experience or previous self-employment?

☐ Yes

☐ No

If **yes**, please give details:

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17. When do you propose to start your business or project?

--

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D D

--

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M M

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Y Y Y Y

18. Have you a detailed business plan for your business or project?

☐ Yes

☐ No

19. Do you intend to employ people in your business or project?

☐ Yes

☐ No

If **yes**, please give details:

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Note: You may be eligible for the JobsPlus employer incentive and may qualify for a grant for taking on new employees. For more details, please visit www.gov.ie/jobsplus

20. Have you applied for or received any financial support from other sources for any part of this business or project?

☐ Yes

☐ No

If **yes**, please state:

Agency or organisation 1:

Name of agency or organisation:

Amount you received or applied for :

€

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Reason:

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Agency or organisation 2:

Name of agency or organisation:

Amount you received or applied for :

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Reason:

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Agency or organisation 3:

Name of agency or organisation:

Amount you received or applied for :

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Reason:

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Note: A separate sheet of paper can be used for more details if needed.**21.** Give details of cost as follows:

Start-up costs:

€

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 .

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List your own resources invested and any loans received or applied for:

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22. Have you registered as self-employed with the Revenue Commissioners?☐ Yes☐ No

Part 5

Your spouse, civil partner or cohabitant's details

23. Their PPS Number:

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24. Title, insert an **X** or specify:

Mr ☐ Mrs ☐ Ms ☐

Other

--	--	--	--	--	--	--

25. Their surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

26. Their first names:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

27. Their birth surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 6

Declaration

I declare that the information given by me on all parts of this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, I will be required to repay any payment I receive from the department and that I may be prosecuted. I undertake to immediately advise the department of any change in my circumstances which may affect my continued entitlement.

--

Signature of applicant or mark, **not** capital letters.

Date:

--	--

D D

--	--

M M

2	0		
---	---	--	--

Y Y Y Y

If you cannot sign your name, make a mark such as an **X** and have it witnessed by a non-relative.

--

Signature of witness, **not** capital letters.

Date:

--	--

D D

--	--

M M

2	0		
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Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Recommendation: To be completed by the Enterprise Officer or Employment Personal Adviser

☐ Business approved

Business plan attached

☐ Yes

☐ No

Registered with the Revenue Commissioners

☐ Yes

☐ No

Copy of registration form TR1 attached

☐ Yes

☐ No

Completed assessment of suitability.

☐ Yes

☐ No

☐ Business **not** approved

Give reasons:

Employment Personal Adviser signature, **not** capital letters.

Date:

2

0

D D

M M

Y Y Y Y

LDC Official stamp

Enterprise Officer signature, **not** capital letters.

Date:

2

0

D D

M M

Y Y Y Y

For official departmental use only

To be completed at the local Intreo Centre or Social Welfare Office where the applicant is getting Jobseeker's Allowance.

Jobseeker's claim commenced:

JA personal rate:

€

Qualified adult rate:

€

QC rate:

€

Less means:

€

JA weekly total:

€

Overpayment Details

JA personal rate:

€

Qualified adult rate:

€

QC rate:

€

Date of cessation:

LT days:

ST JA:

LT JA:

JB + JA:

QCI contd. payment:

Casual signer?

☐

Yes

☐

No

Free fuel entitlement?

☐

Yes

☐

No

Amount:

Signed:

Date:

LO number:

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.