



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

**You need a Personal Public Service Number (PPS No.) before you apply.**

**How to complete this application form.**

**Important:** You **must** have your business approved by your Local Integrated Company or a Case Officer from this Department **before** you start self-employment. If your application is successful, you **must** register as self-employed with Revenue.

- Please use this page as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions** that apply to you. If a question does not apply to you, please leave the answer area blank.

If you do not have a spouse, civil partner or cohabitant fill in **Parts 1, 2, 3, 4 and 5** as they apply to you. When form is completed, sign declaration in **Part 1**.

If you have a spouse, civil partner or cohabitant fill in **Parts 1, 2, 3, 4, 5 and 6** as they apply to you. When form is completed, sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Citizens Information Centre, your local Intreo Centre, your local Social Welfare Office or Local Integrated Development Company.

For more information, log on to **www.gov.ie**.

## **Please Note**

The European Commission is providing co-funding to this scheme for participants under 25 years. The scheme is being backed jointly by the Youth Employment Initiative (YEI), the European Social Fund (ESF) and the Department of Social Protection on an equal funding basis. You may be contacted by the Department or its agents for follow up questions as part of the ESF/YEI.

## How to fill this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T							
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other								
3. Surname:	M	U	R	P	H	Y									
4. First name(s):	M	A	U	R	E	E	N								
5. Your first name(s) as appear(s) on your birth certificate:	M	A	R	Y											
6. Birth surname:	M	C	D	E	R	M	O	T	T						
7. Your date of birth:	2	8		0	2		1	9	7	0					
	D	D		M	M		Y	Y	Y	Y					
8. Your mother's birth surname:	K	E	L	L	Y										

## Contact Details

9. Your 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		Postcode									
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X
	MOBILE																	
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X
	LANDLINE																	
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R	
	B	O	X															

# SAMPLE





## Part 3

## Your payment details

If you qualify you can get your payment direct to your current, deposit or savings account in a financial institution. Please complete your details below.

### Financial Institution

You will get the following details printed on statements from your financial institution.

Name of financial institution:

Sort code:

Account number:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

## Part 4

## Details of your qualified child(ren)

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

under age 18

age 18 - 22 in full-time education

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child's:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:



Agency or organisation 2

Name of agency or organisation:

Grid for agency name (2 rows of 15 boxes each)

Amount you got (if not received, amount applied for):

€ [ ][ ][ ] , [ ][ ][ ] . [ ][ ]

Purpose:

Large text box for purpose

Agency or organisation 3

Name of agency or organisation:

Grid for agency name (2 rows of 15 boxes each)

Amount you got (if not received, amount applied for):

€ [ ][ ][ ] , [ ][ ][ ] . [ ][ ]

Purpose:

Large text box for purpose

23. Give details of cost as follows:

Start-up costs:

€ [ ][ ][ ] , [ ][ ][ ] . [ ][ ]

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

Large text box for resources

24. Have you registered as self-employed with Revenue?

Yes  No

Back to Work Enterprise Allowance Conditions

You must tell us at the Department of Social Protection if:

- you, or any person for whom payment is included in your Allowance, dies, leaves the country, takes up a SOLAS course, becomes entitled to a social welfare payment or is detained in legal custody,
- you are no longer self-employed or you take up employment.



# Return this completed application form as follows:

If you live in:

- a Partnership area
- a non-Partnership area

Send your application to:

- your local Integrated Development Company
- your local Social Welfare Office

## For official use only

Recommendation: To be completed by the Enterprise Officer or Case Officer

- |   |  |                              |                             |
|---|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Project approved | Business plan attached                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   | Registered with Revenue                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   | Copy of registration form STR1 attached. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Project **not** approved

Give reason(s)

Signature (not block letters)

Date: 

<input type="text"/>					
D	D	M	M	2	0
		Y	Y	Y	Y

Official stamp

## For official Departmental use only

To be completed at local Social Welfare Office where the applicant is getting Jobseeker's Allowance, Jobseeker's Benefit or Pre-Retirement Allowance.

Jobseeker's Claim Commenced:

JA personal rate	€
Qualified adult rate	€
QC rate	€
Less means	€
JA weekly total	€

### Overpayment Details

Original amount	€
Deductions	€
Balance	€

Date of cessation:

LT days	
ST JA	
LT JA	
JB + JA	
QCI contd. pyt.	

Casual signer?  Yes  No

Free fuel entitlement?  Yes  No

Amount €

Signed:

Date:

LO or BEO No.

### 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 or 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](http://www.gov.ie/dsp/privacystatement) or as a hard copy

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