



Please refer to the **General Conditions** before completing this form.

### YOUR DETAILS

Please type or complete this form in **BLOCK CAPITALS**

Company Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Tax No/VAT No: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Name of Employee: \_\_\_\_\_ PPS No: \_\_\_\_\_  
 Stage of Employee Retention Grant Scheme for which payment is now being sought:  
 (Please tick as appropriate)                      **Stage 1**                       **Stage 2**

### COSTS FOR WHICH PAYMENT IS BEING SOUGHT

Stage 1 Costs (Development of the Retention Strategy)	Cost €	Amount Claimed
Occupational Capacity Evaluation:	<input type="text"/>	<input type="text"/>
Workplace/Job Assessment:	<input type="text"/>	<input type="text"/>
Development of the Individual Retention Strategy:	<input type="text"/>	<input type="text"/>
Other Costs: (Details must be provided)	<input type="text"/>	<input type="text"/>
<b>TOTAL (All relevant invoices/receipts must be attached):</b>	<input type="text"/>	<input type="text"/>

Please attach the following and check the box  to indicate that each document has been included

	<input type="checkbox"/>	DSP Use Only <input type="checkbox"/>
Copy of written Retention Strategy:	<input type="checkbox"/>	<input type="checkbox"/>
Invoices/receipts of payment(s) to Specialist(s) ['Claim Requirements' (iii)(a)]:	<input type="checkbox"/>	<input type="checkbox"/>
Copy of relevant bank statement ['Claim Requirements' (iii)(b)]:	<input type="checkbox"/>	<input type="checkbox"/>
Copy of bank draft (if applicable) ['Claim Requirements' (iii)(c)]:	<input type="checkbox"/>	<input type="checkbox"/>
Current Tax Clearance Cert (TCC)/Electronic Tax Clearance Access No (TCAN) for Employer if not previously submitted:	<input type="checkbox"/>	<input type="checkbox"/>
Current Tax Clearance Cert(s) (TCC)/Electronic Tax Clearance Access No(s) (TCANs) for Specialist(s) or their employer(s), if not previously submitted:	<input type="checkbox"/>	<input type="checkbox"/>



Stage 2 Costs (Implementation of the Retention Strategy)	No. of hours	Cost	Amount Claimed
Amount € claimed to date: (if previous claim has been made)		<input type="text"/>	<input type="text"/>
Job Coach:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialist (external) co-ordination:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Training or retraining: (as per details outlined in the Retention Strategy)		<input type="text"/>	<input type="text"/>
Other Costs: (Please specify)		<input type="text"/>	<input type="text"/>
<b>TOTAL THIS CLAIM: (All relevant invoices/receipts must be attached)</b>		<input type="text"/>	<input type="text"/>
<b>Total amount claimed, including previous and current claims:</b>		<input type="text"/>	<input type="text"/>

Please attach the following and check the box  to indicate that each document has been included

		DSP Use Only
Invoices/receipts of payment to Specialist and/or Job Coach ['Claim Requirements' (iii)(a)]:	<input type="checkbox"/>	<input type="checkbox"/>
Invoices/receipts of payment to Trainers and/or others where applicable ['Claim Requirements' (iii)(a)]:	<input type="checkbox"/>	<input type="checkbox"/>
Copy of relevant bank statement(s) ['Claim Requirements' (iii)(b)]:	<input type="checkbox"/>	<input type="checkbox"/>
Copy of bank drafts (if applicable) ['Claim Requirements' (iii)(c)]:	<input type="checkbox"/>	<input type="checkbox"/>
Current Tax Clearance Certificate (TCC)/Electronic Tax Clearance Access No (TCAN) for Employer, if not previously submitted:	<input type="checkbox"/>	<input type="checkbox"/>
Current Tax Clearance Certificate(s) (TCC)/Electronic Tax Clearance Access No(s) (TCANs) for Specialist(s) or their employer(s), if not previously submitted:	<input type="checkbox"/>	<input type="checkbox"/>

**Claimants for either Stage 1 or Stage 2 must complete this declaration:**

**I declare that the information contained in this claim form is correct to the best of my knowledge and that I am authorised to sign this statement on behalf of the organisation named therein.**

Name: \_\_\_\_\_

Position in Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Completed Claim Forms should be forwarded to your local Department of Social Protection Office or Intreo Centre or to the Case Officer who dealt with your application.**

#### 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](http://www.gov.ie/dsp/privacystatement)

### FOR DSP USE ONLY

Yes No

- 1. Has all of the necessary documentation been received?  Yes  No
- 2. Have the conditions of the scheme been adhered to?  Yes  No
- 3. Is there any outstanding debt owed to DSP by the employer?  Yes  No

If yes, please give details below:

Expenditure Calculations:

### ELIGIBLE COST

	Total Cost	Funding Eligible	For Payment
<b>Stage 1:</b> Development of the Individualised Retention Strategy:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Costs:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Stage 2:</b> Implementation of The Retention Strategy:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Costs:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**RECOMMENDED FOR PAYMENT** Yes  No

Name of DSP Case Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORISED FOR PAYMENT** Yes  No

Name of DSP Assistant Principal: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed EFT Mandate sent to Accounts Payable, Dundalk - Date:



An Roinn Coimisce Sóisialaí  
Department of Social Protection

# Employee Retention Grant Scheme

**KEEPING PEOPLE IN WORK**

**ERG Claim Form**