

Application form for Back to Work Family Dividend

Social Welfare Services

BTWFD1

Data Classification R



What is Back to Work Family Dividend?

The Back to Work Family Dividend (BTWFD) scheme helps families move from social protection into work. It gives financial support to people with qualified children who are in or take up employment or self-employment and stop claiming a Jobseeker's payment or One-Parent Family Payment.

If you qualify, you will receive a weekly payment for up to two years. For the first year the amount is 100% of the qualified child increase up to a maximum of four children. This will reduce to 50%, or half that amount, for the second year.

Who can get Back to Work Family Dividend?

You may qualify for BTWFD if you are under 66 years of age and have been paid for children on one of the following payments:

- One-Parent Family Payment (OFP);
- Jobseeker's Transitional Payment (JST); or
- Jobseeker's Benefit or Allowance for at least 12 months in total and for at least 6 months in the last year.

You or your spouse, civil partner or cohabitant must also exit social protection, other than Working Family Payment (WFP) and Child Benefit (CB), for one of the following reasons:

- Being in or taking up employment, **or**
- Being in or taking up self-employment.

Note: Working Family Payment (WFP) is a means-tested payment and it is only payable where a person works 38 hours or more every two weeks. BTWFD can be paid with WFP and does not impact on the WFP means test.

Back to Work Family Dividend and Flexible State Pension

The State Pension (Contributory) has become more flexible and you will be able to claim your pension at any age between 66 and 70. If you choose to claim your pension at a later date than age 66, it will give you the opportunity to continue to work to make PRSI contributions, which may increase your personal rate of payment or to help to meet the qualifying conditions of the State Pension (Contributory).

After the age of 66, you must apply for Back to Work Family Dividend using a paper application form which can be obtained from your local Intreo Centre or Social Welfare Branch Office.

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 the questions that apply to you in Parts 1 to 6 and sign the declaration in Part 7;
- ask your employer to fill in Part 8 and to sign, date and stamp it.

How do I apply?

To apply, fill in this form and return it, with the relevant supporting documentation, to your local Intreo Centre or Social Welfare Branch Office. You can find the name and address of your local Intreo Centre or Social Welfare Branch Office 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, Social Welfare Branch 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, visit www.gov.ie/BWFD

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 | |
|---|---|---|---|---|---|---|---|--|

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

Mr ☐ Mrs ☒ Ms ☐ Other

3. Surname:

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| M | U | R | P | H | Y | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|

4. First names:

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

5. Your first name as on your birth certificate:

| | | | | | | | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| M | A | R | Y | | | | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|

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 | | | | |
|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

Note: If you enter your mobile number we may text you in connection with your claim.

9. Email address:

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

SAMPLE

Application form for Back to Work Family Dividend

Social Welfare Services

BTWFD1

Data Classification R



Part 1

Your details

1. PPS Number:

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

Mr ☐ Mrs ☐ Ms ☐ Other

3. Surname:

4. First names:

5. Your first name as on your birth certificate:

6. Date of birth:

D

D

M

M

Y

Y

Y

Y

7. Address:

County

Eircode

8. Telephone number:

Note:

If you enter your mobile number we may text you in connection with your claim.

9. Email address:

10. Is your spouse, civil partner or cohabitant getting any payment from this department or getting any payment for a course of training, education or employment run by this department?

☐ Yes

☐ No

If **yes**, please state:

Name of payment:

Amount they get:

€ , . a week

Note: A separate sheet of paper can be used for any additional information that you wish to provide.

Page 1

Part 2

Your employment or self-employment details

11. Are you or your spouse, civil partner or cohabitant:

In or starting employment?

☐ Yes

☐ No

In or starting self-employment?

☐ Yes

☐ No

If **yes**, please state:

Starting date of employment:

D D

M M

Y Y Y Y

OR

Starting date of self-employment:

D D

M M

Y Y Y Y

Please provide employer name and address or details of self-employment:

Part 3

Declaration of self-employment

Starting date of self-employment:

D D

M M

Y Y Y Y

I declare that I am self-employed. I attach my self-employment registration certificate from the Office of the Revenue Commissioners.

Date:

D D

M M

Y Y Y Y

Signature, **not** capital letters.

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

12. Have you received a Back to Work Family Dividend payment before?

If **yes**, please give details:

13. What is the most recent type of social welfare payment excluding Child Benefit or Working Family Payment you have been getting?

Name of payment:

Weekly amount:

€ , .

14. Have you just left any of the following courses or schemes?

| Type of course or scheme | If yes (X) | Date you started course or scheme | | | | Date you finished course or scheme | | | |
|---|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|
| Full-time SOLAS or ETB training course | <input type="checkbox"/> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> |
| Community Employment (CE) | <input type="checkbox"/> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> |
| Rural Social Scheme (RSS) | <input type="checkbox"/> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> |
| TÚS | <input type="checkbox"/> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> |
| Back to Education Allowance | <input type="checkbox"/> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> |
| Vocational Training Opportunities Scheme (VTOS) | <input type="checkbox"/> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> |
| Work Placement Experience Programme (WPEP) | <input type="checkbox"/> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> | <div></div> <div>D</div> | <div></div> <div>M</div> | <div></div> <div>Y</div> | <div></div> <div>Y</div> |

Part 7

Declaration

I wish to claim Back to Work Family Dividend and declare that the information given by me on 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, that 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.

Date:

D D

M M

2 0 Y Y Y Y

Signature, **not** capital letters.

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

Part 8

Declaration by employer

This part must only be completed by your employer.

I certify that the person named below is employed by me.

First name:

Surname:

PPS Number:

Date their employment started:

D D M M Y Y Y Y

Their job title:

Signature, **not** capital letters.

Date:

D D

M M

Y Y Y Y

Employer's official stamp

Your position in the company or organisation:

Address:

County

Eircode

Employer's Registered number:

Telephone number:

Email address:

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

For official use only

Weekly rate of payment before
BTWFD:

€ , .

Number of children paid on
claim:

Rate of BTWFD payable:

€ , .

Signature of deciding officer, **not** capital letters.

Date:

D D

M M

Y Y Y Y

Official stamp

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.