



## Application form for

## Part-Time Job Incentive (PTJI)

- 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.
- Please do not strikethrough any of the boxes. Leave boxes blank if they do not apply to you.

## Part 1

## Your own details

1. Your PPS No.:

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2. Title: (insert an 'X' or specify)

Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Surname:

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4. First name(s):

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5. Your date of birth:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y

## Contact Details

6. Your address:


County

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Postcode

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7. Your telephone number:

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MOBILE

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LANDLINE

8. Your email address:


## Declaration

I wish to participate in the Part-Time Job Incentive scheme.

I understand that I must work for less than 24 hours a week and I will advise the Department of Social Protection if I work 24 hours or more in any week.

I am aware that if accepted, I must remain on the scheme for at least 2 months.

I understand that I must continue to make efforts to find full-time work.

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Date:

<input type="checkbox"/>	<input type="checkbox"/>
D	D

<input type="checkbox"/>	<input type="checkbox"/>
M	M

2	0	<input type="checkbox"/>	<input type="checkbox"/>
Y	Y	Y	Y

Signature (not block 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 2

## Employer's details

### Note

Part 2 must be completed by the employer.

9. Employer's name:

10. Employer's address:   
  
  
  
 County   
 Postcode

11. On what date did or will the employee named in Part 1 start working for you?

D D M M Y Y Y Y

12. Is this employment:  Full-time  Part-time  
 Shift-work  Job-sharing  
 Seasonal  Relief

13. Is the employment insured at:  Class A  Class J  Other

14. How many hours does or will the employee work each week?  a week

15. Do you expect that this job will become full-time in the future?  Yes  No

If Yes, when do you expect it to become full-time?

16. Has the employee refused an offer of full-time work or an increase in hours of work?

Yes  No

If Yes, please state the reason(s) why they refused the offer:

17. Are there any full-time vacancies in your business?  Yes  No

18. Is this employee qualified for these full-time vacancies?  Yes  No

19. Has this employee applied for or refused any full-time vacancies?  Yes  No

Declaration

I declare that all the information I have given is true and correct.

Empty box for Employer's signature

Employer's signature (not block letters)

Employer's Official Stamp

Date: DD MM YY YY

Part 3

Your payment details

Financial Institution

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

Name of financial institution: [Grid]

Bank Identifier Code (BIC): [Grid]

International Bank Account Number (IBAN): [Grid]

Name(s) of account holder(s): Name 1: [Grid]

Name 2 (if any): [Grid]

Post Office

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

Post Office address: [Grid]

## Send this completed application form to:

Completed application forms should be sent to the employee's local Intreo Centre or Branch Office.

For more information, visit [www.gov.ie](http://www.gov.ie).

### **Please remember to sign the Declaration in Part 1.**

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Branch Office.

#### **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) or in hard copy.

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