



The following conditions apply to recipients of the Wage Subsidy Scheme:

- The employee(s) must have a disability which results in a productivity shortfall of at least 20%.
- The employee(s) must work for 21 hours or more per week.
- All employees must be provided with a signed Contract of Employment setting out the terms and conditions of employment and a Job Description (and a Person Specification if available). These must be attached to *each* Employee Application.
- The employee(s) will be employed under the same conditions of employment as other employees, as regards PRSI (Class A), PAYE, leave and being paid the going rate for the job.

Employer Details

If you are already registered as a WSS employer and the details that DEASP currently hold have not changed, please submit N/A in the fields marked ^.

Organisation / Employer Registered Number (PAYE number):		
Employer Name:		
^Employer Address: (including County & Eircode)		
^Claim Email Address(s): (list of emails approved for Welfare Partners registration, must be in the format of name@domain.com or name@domain.ie etc...) (You must indicate an email address that will become the primary contact email to which Remittances will issue – Yes/No):		Primary Contact?
^Employer Contact Name:		
^Employer Contact Address: (including County & Eircode)		
^Employer Contact Telephone Number:		
^Bank Mandate Completed? Yes/No		



Workplace Details

If you are already registered as a WSS employer, your new WSS employees proposed workplace is already approved by DEASP and the details we currently hold have not changed, please submit N/A in the fields marked ^.

Workplace Number (only for existing WSS workplaces – see WSR):		
Workplace Name:		
^Workplace Address: (that is, physical location of workplace) (including County & Eircode)		
^Workplace Email Address(s): (list of emails approved for Welfare Partners registration, must be in the format of name@domain.com or name@domain.ie etc...) (You must indicate an email address that will become the primary contact – Yes/No)		Primary Contact?
^Workplace Contact Name: (Must be direct/line manager)		
^Workplace Contact Address: (incl County & Eircode)		
^Workplace Contact Telephone Number:		

FOR DEASP USE ONLY

EMPLOYER REG No: _____

WAGE SUSBSIDY APPROVED FROM: ____/____/____

EMPLOYMENT START DATE: ____/____/____

EMPLOYMENT FINISH DATE: ____/____/____

ENTRANT STATUS:

NEW:

TRANSFER WITHIN WSS:

Case Officer: _____

DEASP Office: _____

INPUTTED BY: _____

DATE INPUTTED: ____/____/____

FOR DEASP USE ONLY

DATE APPLICATION RECEIVED:
(STAMP)



Please return this form to your DEASP Case Officer with the following attached:

	Attached (tick box)
Current Tax Clearance Certificate <u>or</u> Tax Clearance Access No and Tax Clearance Application Result	
Completed EFT Bank Mandate Form (only if DEASP does not already hold your current bank details)	
Completed Employee Application form/s	
Productivity Level Report form/s	
Signed Contract/s of Employment for at least 6 months setting out the terms and conditions of employment	
Job Description/s (and Person Specification/s if available)	

I certify that the employee's/employees' terms and conditions of employment are in line with the minimum wage requirements and other statutory employment provisions.

Signed Employer: _____ **Date:** ____/____/____

Name (in block capitals): _____

Title and position in Company: _____

Data Protection

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. The Department requires customers to provide certain personal data in order to determine eligibility for relevant payments and/or benefits. A customer's personal data may be exchanged with other Government Departments in certain circumstances where this is provided for by law. Full details of the Department's data protection policy setting out how we will use a customer's personal data as well as information regarding their rights as a data subject are available at <https://www.gov.ie/en/organisation-information/9028df-data-protection-in-the-department-of-employment-affairs-and-social-p/>. Details of this policy are also available in hard copy upon request.

Freedom of Information Act, 2014 (FOI)

The DEASP undertakes to use its best endeavours to hold confidential any information provided by companies (correspondence/forms/tenders, etc.), subject to the DEASP's obligations under law, including the Freedom of Information Act, 2014. Should a company wish that any of the information it supplied not be disclosed because of its sensitivity, the company should, when providing the information, identify the same and specify the reasons for its sensitivity. The DEASP will consult with the company's representative about this sensitive information before making a decision on any FOI request received. Please note, however, that if no information is identified as sensitive, with supporting reasons, then it can potentially be released in response to a FOI request.

Rights of Access

An employer shall grant officials of DEASP access to records, financial or otherwise, pertaining to the Wage Subsidy Scheme. At the request of DEASP, the employer will provide rights of access and inspection to DEASP, its officers and agents and the Comptroller and Auditor General to all activities, records, persons and information which DEASP may reasonably require to verify compliance by the Company with the terms and conditions agreed in relation to the Scheme.

All records, both manual and electronic, relating to funding provided under the Wage Subsidy Scheme must be retained for as long as the wage subsidy is in payment and for six years after, and must be available for inspection.

Welfare Partners is the external website available to Wage Subsidy Scheme employers. If this WSS application is approved, I understand that this organisation must register for DEASP sub-certs on ROS.ie for my staff that require access to the system. I understand that my organisation must use WelfarePartners.ie for viewing and submitting wage subsidy funding requests.

Payment of WSS may be suspended or stopped if the employer does not agree to any reasonable request from an officer or agent of the DEASP to access any records they hold pertaining to WSS.

FOR DEASP USE ONLY

Recommended: _____ **Date:** ____/____/____
Case Officer

Approved: _____ **Date:** ____/____/____
Assistant Principal