Application form for
Work and Access

How to complete this form

To help us process your application, please write letters and numbers clearly and use one box for each. Please write with a **black** ballpoint pen, use **capital letters** and place an **X** in the relevant boxes.

If you need help in completing this form please visit your local Intreo Centre, Social Welfare Branch Office or any Citizens Information Centre. The name and address of your local Intreo Centre or Social Welfare Branch Office can be found by visiting www.gov.ie/intreocentres.

To apply for Work and Access:

Please send this completed application form, along with any relevant supporting documents to the address provided on Page 8. You may also email it to workandaccess@welfare.ie or you can bring it to your local Intreo Centre.

Before completing this form please read the Operational Guidelines on Gov.ie - Work and Access

Complete both the Work Status **and** Support Details sections on this page below.

Please complete the relevant parts of the form as set out below:

- **Part 1** and then the supports you wish to apply for.
- **Part 2** employer or self-employed details.
- **Part 3** for Communication Support/Irish Sign Language interpreting (ISL).
- **Part 4** for Personal Reader.
- **Part 5** for Workplace Equipment; **and**
- Sign the declaration in **Part 6**.

Work Status

What is your current work status? Please select one:

Employee: ☐ Self-employed: ☐ Jobseeker: ☐

Support Details

Which supports are you applying for? You may select more than one support:

Communication Support/ Irish Sign Language (ISL): ☐ Personal Reader: ☐ Workplace Equipment: ☐

Consent

In the event that a disabled person is not able to complete an application for support, they must provide consent for an advocate or representative to act on their behalf. All correspondence will go directly to the disabled person and will be copied to the advocate or representative. Correspondence will not be sent to the preferred provider of a service.

Advocate or Representative Details

1. Title, insert an **X** or specify: ☐ Mr ☐ Mrs ☐ Ms Other

2. Surname:

3. First names:

4. Address:

County Eircode

5. Email address:

I consent to the person whose details are above to act on my behalf.

Date: D D M M 2 0 Y Y

Signature or mark of applicant if unable to sign, **not** capital letters.

Date: D D M M 2 0 Y Y

Signature of advocate or representative, **not** capital letters.

Part 1 Employee, self-employed or jobseeker details

6. PPS Number:

7. Title, insert an **X** or specify: ☐ Mr ☐ Mrs ☐ Ms Other

8. Surname:

9. First names:

10. Date of birth:

D D M M Y Y Y Y

11. Address:

County Eircode

12. Telephone number:

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

13. Email address:

14. Details of disability:

Important: You must have a disability or health condition that means you need support for an interview or work.

You must:

- already be getting a long-term disability payment; **or**
- be able to provide professional evidence confirming your disability or health condition and stating that it is likely to last longer than 12 months.

Note: Deaf ISL users do not need to provide proof of deafness when applying for Communication Support/Irish Sign Language interpreting.

Part 1 continued — Employee, self-employed or jobseeker details

15. Duration in present employment, if applicable:

Y Y M M

16. Please state any reasonable accommodations you may need during the application process:

17. Is this a paid job? ☐ Yes ☐ No

18. Number of potential working hours each month: ☐☐☐ hours

Note: You must work a minimum of 32 hours each month.

Please provide your job description:

19. Is this job in the public sector? ☐ Yes ☐ No

Important: Work and Access is **not** available to those working in the public sector.

Part 2 — Employer or Self-Employed details

20. Employer/Self-employed Name:

21. Company contact, employer or line manager's name:

22. Employer registered number:

23. Address:

County

Eircode

24. Telephone number:

25. Email address:

Part 3 Communication Support/Irish Sign Language (ISL)

An eligible applicant can apply for funding to receive communication support/Irish Sign Language Interpreting (ISL) for any of the below supports.

Please refer to the Operational Guidelines for Work and Access for more information on this support.

Communication Support/Irish Sign Language:

- ☐ Pre-interview Support - 1 hour
- ☐ Interview Support - 3 hours
- ☐ Job Induction Support - 12 hours
- ☐ Ongoing Support - 24 hours, over a 12 month rolling period

Please indicate the type of support you require:

- ☐ Irish Sign Language interpreter
- ☐ Lip speaker
- ☐ Other

If **other**, please specify:

In the case of interviews, please indicate on which dates support is required:

D D	M M	Y Y Y Y	D D	M M	Y Y Y Y
D D	M M	Y Y Y Y	D D	M M	Y Y Y Y

If you are employed and want your employer or someone nominated by your employer to manage the booking of interpreters, please complete the following:

I consent to my employer booking ISL interpreters on my behalf and confirming that the interpreting events took place, to ensure payment of interpreters.

Signature or mark of applicant if unable to sign, **not** capital letters.

Date: D D M M 2 0 Y Y

Signature of employer or nominated person, **not** capital letters.

Date: D D M M 2 0 Y Y

Part 4 Personal Reader

An eligible applicant or their representative can apply for funding for a personal reader to assist them with their work-related reading if they are blind or vision impaired.

Please refer to the Operational Guidelines for Work and Access for further information on this support.

PLEASE COMPLETE THIS PART IN FULL.

26. Reader's first name:

27. Reader's surname:

28. Reader's address:

County

Eircode

29. Reader's PPS Number:

30. Reader's telephone number:

31. Reader's email address:

32. Hourly rate: €

33. Proposed number of hours: a week.

Important: You will be required to submit monthly returns for payment to issue to you, the applicant, and to maintain your eligibility for this grant.

Part 5 Workplace Equipment

An eligible applicant, or their representative, can apply for funding to cover the costs of assistive equipment or technology required for them to work or keep working in their business and remote-working premises, including any training in the use of the equipment or technology.

Please refer to the Operational Guidelines for Work and Access for more information on this support.

Note: Where a Work Equipment support grant is approved to an employer or a self-employed person, payment is paid to them less the VAT

In some circumstances, a Workplace Needs Assessment will be required for purchase of Workplace Equipment. An employer can apply for a Workplace Needs Assessment by completing the WA2 form.

The employer will be required to support the employee's application, to source and purchase any approved equipment, and to claim reimbursement from the scheme.

Note: Approval must be obtained before any purchase can be considered. Any equipment or training in the use of the equipment purchased prior to final approval being obtained will not be reimbursed.

Please choose one or more:

☐ Assistive equipment or technology

☐ Training in the use of equipment

Total amount requested excluding VAT: € , .

Total VAT: € , .

Total amount requested: € , .

34. Preferred supplier:

35. Supplier's address:

County Eircode

36. Supplier's email address:

Note: Please attach a copy of quotations received for workplace equipment.

Part 6 Declaration

I declare that the information given by me or my representative 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, I will be required to repay any payment I receive and 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 or mark if unable to sign, **not** capital letters.

If you are unable to sign, have all marks witnessed and have the witness sign below.

Date: D D M M 2 0 Y Y Y Y

Signature of witness**, 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.

Please send this completed application form by email to: **workandaccess@welfare.ie** or drop it into your local Intreo Office.

If you wish to post your form you should post it to:

Employment Services Management Support Team
Department of Social Protection
PO Box 13736
Co Louth
FREEPOST FDN7696

Note: no stamp is required if posting your form.

Part 7 Checklist

Have you remembered to complete or enclose the following, where applicable? Please place an **X**:

- ☐ Parts relevant to you completed
- ☐ Quotations attached, if required

For Official Use Only

☐ Application form checked

☐ Additional documentation checked

Recommended by:

Date: D D M M 2 0 Y Y Y Y

Signature of Employment Personal Advisor, **not** capital letters.

Employment Personal Advisor's name, in capital letters:

Approved by:

Date: D D M M 2 0 Y Y Y Y

Signature of HEO or AP, **not** capital letters.

HEO or AP's name, in capital letters:

Approved by:

Date: D D M M 2 0 Y Y Y Y

Signature of Principal Officer, **not** capital letters.

Principal Officer's name, in capital letters:

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.