







# Application form for self-employed people under the Back to Work Enterprise Allowance

You need a Personal Public Service Number (PPS No.) before you apply.

How to complete this application form.

**Important:** You **must** have your business approved by your Local Integrated Company or a Facilitator from this Department **before** you start self-employment. If your application is successful, you **must** register as self-employed with Revenue.

- Please use this page as a guide to filling in this form.
- 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. If a question does not apply to you, please leave the answer area blank.

If you do not have a spouse, civil partner or cohabitant fill in **Parts 1, 2, 3, 4** and **5** as they apply to you. When form is completed, sign declaration in **Part 1**.

If you have a spouse, civil partner or cohabitant fill in **Parts 1, 2, 3, 4, 5** and **6** as they apply to you. When form is completed, sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

For more information, log on to www.welfare.ie.

#### **Please Note**

The European Commission is providing co-funding to this scheme for participants under 25 years. The scheme is being backed jointly by the Youth Employment Initiative (YEI), the European Social Fund (ESF) and the Department of Social Protection on an equal funding basis. You may be contacted by the Department or its agents for follow up questions as part of the ESF/YEI.

### How to fill this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1.	Your PPS No.:	1	2	3	4	5	6	7	T												
2.	<b>Title:</b> (insert an 'X' or specify)	Mr.			Mrs	. X		Ms				C	Othe	er							
3.	Surname:	M	U	R	P	Н	Y														
4.	First name(s):	M	A	U	R	E	E	N													
5.	Your first name(s) as appear(s) on your birth	M	Α	R	Υ																
	certificate:																				
6.	Birth surname:	M	С	D	E	R	M	0	Т	T											
7.	Your date of birth:	2	8		0	2		1	9	7	0										
		D	D		M	M		Y	Y	Y	Y										
8.	Your mother's birth surname:	K	Ε	L	L	Y															
	3411411101							Ъ		•1											
					CC	nt	act	D	eta	1lS											
9.	Your address:	1		N	Е	W		S	Т	R	Ε	Е	Т								
		1	1	1	1	1	1	1		I	ı l	I	l .	1	1	1	1	1	1	1	1

9. Your address:	1		N	E	W		5	ı	K	E	E	ı					
	0	L	D		Т	0	W	N									
	D	0	N	Ε	G	Α	L		Т	0	W	N					
Cour	ty D	0	N	Е	G	Α	L				Pos	tco	de				
						1				1						ı	

10. Your telephone number: O N E N U M B E R P E

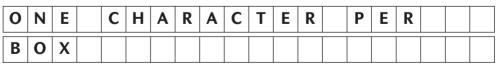
O N E N U M B E R P E R B O X

M O B I L E

O N E N U M B E R P E R B O X

LANDLINE

11. Your email address:



# SAMPLE









# Application form for self-employed people under the Back to Work Enterprise Allowance

1. Your PPS No.:  2. Title: (insert an 'X' or specify) 3. Surname:  4. First name(s) as appear(s) on your birth certificate: 6. Birth surname: 7. Your date of birth: 8. Your mother's birth sumame:  Contact Details  9. Your address:  Declaration  I 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. If I cease being self employed or leave the country I will notify the Department as soon as possible.	Part 1	Υ	ou	ır (	ow	n	de	tai	ls												
5. Your first name(s) as appear(s) on your birth certificate: 6. Birth surname: 7. Your date of birth: 8. Your mother's birth surname:  Contact Details 9. Your address:  County Postcode 10. Your telephone number:  In Your email address:  Declaration  I 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. If I cease being self employed or leave the country I will notify the Department as soon as possible.	2. Title: (insert an 'X' or specify)	Mr.			Mrs	j. [		Ms				C	)the	er							
7. Your date of birth:    D	5. Your first name(s) as appear(s)																				
Contact Details  9. Your address:  County  Postcode  10. Your telephone number:  MOBILE  LANDLINE  11. Your email address:  Declaration  I 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. If I cease being self employed or leave the country I will notify the Department as soon as possible.		D	D		M	M		Y	Y	Y	Y										
9. Your address:  County Postcode  10. Your telephone number:  Declaration  I 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. If I cease being self employed or leave the country I will notify the Department as soon as possible.	8. Your mother's birth surname:																				
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Date: 2 0	any of the information I provide that I will be required to repay a prosecuted. I undertake to imm which may affect my continued	is uany edia ent	intr payi ately itle	ue o mei y ao mei	or m nt I dvise nt.	nisle rece e th	adi eive e D	ng o from	or if m th rtm eing	I fa ne E ent sel	il to Depa of a	dis artn any	clos nen cha	se a t an inge	ny r id tl	elev nat my	vant I ma circ	t inf ay b um: cou	orm e stan ntry	natio ces	on,

Signature (not block letters)

Part 2		Your own details																		
12.Have you receiv	ed a Ba	ck t		<b>ork Al</b> Yes	lowa	nce	1	• <b>Ba</b> lo	ck 1	to W	/ork	En	ter	pris	e All	owa	ance	e be	efor	e?
If 'Yes', please g	ive deta	nils.																		
13. What type of so	cial wel	lfare	pay	ment	are	you	ge	ttin	g?											
Name of paymer	nt:																			
Amount:		€		,		].			a v	veek	(									
14.lf you are gettin	g Jobse	eke	r's B	enefit	or J	lobs	ee	ker	s A	llow	and	e, p	olea	ise s	tate	:				
When you last si	gned on	ı: [																		
45.4					M			_	-	-	_									
15.Are you taking o		you	take						tol	Iowi	ng	cou								
Type of course or scheme	(X)			cour	e you										e you rse o					
Full-time Solas/FÁS training course		D	D	M	M		Υ	Y	Y	Υ		D	)	M	M		Υ	Y	Υ	Υ
Fáilte Ireland training course		D	D	M	M		Υ	Y	Y	Y	D	) D		M	M		Y	Y	Υ	Υ
Community Employment		D	D	M	M		Υ	Y	Y	Y				M	M		Υ	Y	Y	Υ
Community Services Programme		D	D	M	M		Υ	Y	Υ	Y		) D		M	M		Y	Υ	Y	Y
Social Economy Programme		D	D	M	M		Υ	Y	Υ	Y		) D		M	M		Y	Υ	Y	Y
Tús		D	D	M	M		Y	Y	Y	Y	D	) D		M	M		Y	Υ	Y	Υ
Rural Social Scheme		D	D	M	M		Υ	Y	Υ	Y		D		M	M		Y	Υ	Y	Y
Fastrack to Information Technology (FIT)		D	D	M	M		Υ	Υ	Y	Y	D	) D		M	M		Y	Υ	Υ	Υ
Back to Education Allowance		D	D	M	M		Υ	Υ	Υ	Y	D	) D	)	M	M		Υ	Υ	Υ	Υ
Vocational																				

**Training** 

Opportunities Scheme (VTOS)

You must give evidence that you have taken part in any of these courses or schemes when you send in your application.

# Your payment details

If you qualify you can get your payment direct to your current, deposit or savings account in a financial institution. Please complete your details below.

	Financial Institution									
	You will get the following details printed on statements from your financial institution.									
Name of financial institution:										
Sort code:										
Account number:										
Bank Identifier Code (BIC):										
International Bank Account Number (IBAN):										
,										
Name(s) of account holder(s): Name 1:		٦								
Name 2 (if any):		_ T								
Name 2 (ii any).										
D1 1	Datails of your qualified shild(you)									
Part 4	Details of your qualified child(ren)									
16.How many children do you wish to claim for?	under age 18 age 18 - 22 in full- time eduction  your quarrifed children You must attach written confirmation from the school or college for the children aged 18 - 22	1								
16. How many children do you wish to claim for?  Please state child's:	under age 18  You must attach written confirmation from the school or college for the children aged 18 - 22	1								
16. How many children do you wish to claim for?  Please state child's:  Surname:	under age 18  You must attach written confirmation from the school or college for the children aged 18 - 22	ו								
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16. How many children do you wish to claim for?  Please state child's:  Surname:	under age 18  You must attach written confirmation from the school or college for the children aged 18 - 22	າ 								
16. How many children do you wish to claim for?  Please state child's:  Surname:  First name(s):	under age 18  You must attach written confirmation from the school or college for the children aged 18 - 22	ີ ງ ]								
16. How many children do you wish to claim for?  Please state child's:     Surname:     First name(s):     PPS No.:	under age 18  You must attach written confirmation from the school or college for the children aged 18 - 22	ו ] ]								
16. How many children do you wish to claim for?  Please state child's:     Surname:     First name(s):     PPS No.:     Surname:	under age 18  You must attach written confirmation from the school or college for the children aged 18 - 22									
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# Details of self-employment project

17. What does your business of	or project involve?	
18. Have you any relevant trai	ining or work experience?	
	Yes No	
If 'Yes', please give details of training or work experience:		
19. When do you propose to s	start your business or project?	
	D D M M Y Y Y Y	
20. Have you a detailed busine	ness plan for your business?	
	Yes No	
21.Do you intend to employ r	people in your business or project?	
	Yes No	
	res No	
If 'Yes', please give details:	<b>5</b> :	
	(You may qualify for a grant for taking on new employees)	
22 11		C 41
business or project?	eceived any financial support from other sources for any part of	rtnis
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No	
10/24		
If 'Yes', please state:	Agency or organisation 1	
Name of agency or	Agency of organisation i	
Name of agency or organisation:		
Amount you got (if not received, amount applied for): €		
Purpose:		

Part 5 continued	Details of self-employment project
	Agency or organisation 2
Name of agency or organisation:	
Amount you got (if not received, amount applied for): €	
Purpose:	
	Agency or organisation 3
Name of agency or	
organisation:	
Amount you got (if not received, amount applied for): €	
Purpose:	
23. Give details of cost as follo	ws:
Start-up costs: €	
List your own resources invested and any loans or grants you have received or applied for:	
24. Have you registered as self	-employed with Revenue?
	Yes No

#### **Back to Work Enterprise Allowance Conditions**

You must tell us at the Department of Social Protection if:

- you, or any person for whom payment is included in your Allowance, dies, leaves the country, takes up a FÁS course, becomes entitled to a social welfare payment or is detained in legal custody,
- you are no longer self-employed or you take up employment.

Part 6	Your spouse's, civil partner's or cohabitant's details
25. Their PPS No.:	
<b>26.Title:</b> (insert an 'X' or specify)	Mr. Mrs. Ms. Other
27. Their surname:	
28. Their first name(s):	
29. Their birth surname:	

L

## Return this completed application form as follows: Send your application to: If you live in: a Partnership area your local Integrated Development Company a non-Partnership area your local Social Welfare Office For official use only Recommendation: To be completed by the Enterprise Officer or Facilitator **Project approved Business plan attached** Yes No **Registered with Revenue** Yes No **Copy of registration form** No Yes STR1 attached. Project not approved Give reason(s) Official Stamp

Signature (not block letters)

Date:

## For official Departmental use only

To be completed at local Social Welfare Office where the applicant is getting Jobseeker's Allowance, Jobseeker's Benefit or Pre-Retirement Allowance.

Jobseeker's Claim Cor	mmenced:	Overpayment Details	
JA personal rate	€	Original amount	€
Qualified adult rate	€	Deductions	€
QC rate	€	Balance	€
Less means	€		
JA weekly total	€		
Date of cessation:			
LT days			
ST JA			
LT JA			
JB + JA			
QCI contd. pyt.			
Casual signer?	Yes	No	
Free fuel entitlement?	Yes 1	No	
Amount	€		
Signed:			
Date:			
LO or BEO No.			

#### **Data Protection Statement**

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

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

OK 05-15

Edition: May 2015