

Application form for self-employed people under the Short-term Enterprise Allowance

Social Welfare Services

STE A 1

Data Classification R



How to complete application form for Short-term Enterprise Allowance.

Important: You **must** have your business approved by your Local Integrated Development 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.

Only people in receipt of Jobseeker's Benefit may apply for this scheme.

- Please tear off this page and use 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.
- You need a Personal Public Service Number (PPS No.) before you apply.

If you do not have a spouse, civil partner or cohabitant:

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

If you have a spouse, civil partner or cohabitant:

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

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

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

Mr. Mrs. Ms. Other

3. Surname:

M	U	R	P	H	Y														
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4. First name(s):

M	A	U	R	E	E	N													
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5. Your first name as it appears on your birth certificate:

M	A	R	Y																
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6. Birth surname:

M	C	D	E	R	M	O	T	T											
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7. Your mother's birth surname:

K	E	L	L	Y															
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8. Your date of birth:

2	8	0	2	1	9	7	0
D	D	M	M	Y	Y	Y	Y

Contact Details

9. Your address:

1		N	E	W		S	T	R	E	E	T								
O	L	D				T	O	W	N										
C	O					D	O	N	E	G	A	L							

10. Your telephone number:

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

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

11. Your email address:

O	N	E				C	H	A	R	A	C	T	E	R		P	E	R				
B	O	X																				

SAMPLE

19. Have you ever done a start your own business course?

Yes No

If 'Yes', please give details:

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20. Have you applied for or received any financial support from other sources for any part of this business or project?

Yes No

If 'Yes', please state:

Agency or organisation 1

Name of agency or organisation:

Amount you got (if not received, amount applied for):

€ , .

Purpose:

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Agency or organisation 2

Name of agency or organisation:

Amount you got (if not received, amount applied for):

€ , .

Purpose:

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Agency or organisation 3

Name of agency or organisation:

Amount you got (if not received, amount applied for):

€ , .

Purpose:

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21. Give details of cost as follows:

Start-up costs:

€ , .

List your own resources invested and any loans or grants you have received or applied for:

22. Will this self employment business require time spent out of the country?

Yes No

If 'Yes', please give details of proposed absences:

23. Have you registered as self-employed with Revenue?

Yes No

Short-term Enterprise Allowance Conditions

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

- any person for whom payment is included in your Allowance takes up employment, 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,
- you take up part-time or full-time employment.

Part 5

Your spouse's, civil partner's or cohabitant's details

24. Their PPS No.:

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

Mr. Mrs. Ms. Other

26. Their surname:

27. Their first name(s):

28. Their birth surname:

Return this completed application form as follows:

If you live in:

— a Partnership area

— a non-Partnership area

Send your application to:

— your local Integrated Development Company

— 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
TR1 attached.**

Yes

No

Project not approved

Give reason(s)

Signature (not block letters)

Date:
D D M M Y Y Y Y

Official stamp

For official Departmental use only

To be completed at local Social Welfare Office.

Jobseeker's Benefit Claim Commenced:

JB personal rate

€

Qualified adult rate

€

QC rate

€

JB weekly total

€

Date of cessation:

Smokeless fuel allowance entitlement?

Yes

No

Amount

€

Signed:

Date:

LO or BEO No.

Overpayment Details

Original amount

€

Deductions

€

Balance

€

Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

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

