



Rialtas na hÉireann  
Government of Ireland



Arna chomhchistiú ag  
an Aontas Eorpach  
Co-funded by the  
European Union



This project is co-funded by the Government of Ireland, through the Department of Social Protection, and the European Union.

Please note \* indicates a mandatory question

WorkAbility- Inclusive Pathways to Employment Programme Registration Form	
<b>Organisation Name*:</b>	
<b>Staff member Name:</b>	
Section 1. Eligibility	
<b>Is participant aged over 16 years? *</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>How was participant's age verified? *</b> <i>Proof of age must be retained on file in a secure and confidential manner</i>	Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/>
<b>Does participant have one of the disabilities listed in Section 3 below? *</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What referral path did the participant follow?*</b>	
Self-referred	
Referred by grantee	
Referred by another, relevant organisation or service supporting people with disabilities	
<b>Referral organisation (if applicable):</b>	
Primary Care Teams <input type="checkbox"/>	Community Mental Health Services <input type="checkbox"/>
Special Schools <input type="checkbox"/>	Residential or Day Services <input type="checkbox"/>
Social Prescribing Services <input type="checkbox"/>	Public Employment Services e.g. Intreo, LEAS <input type="checkbox"/>
Community/Voluntary Organisations supporting people with disabilities	<input type="checkbox"/>
<b>Other referral organisation:</b> _____	

Is participant in receipt of any social welfare payments?	
Disability allowance or invalidity pension <input type="checkbox"/>	Job seekers allowance <input type="checkbox"/>
Blind pension/disablement benefit/partial capacity benefit <input type="checkbox"/>	Illness benefit > 3 months <input type="checkbox"/>

Section 2. Contact details	
First name*:	Last name*:
Gender*: Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/>	Date of Birth*:
Mobile number*:	Landline number:
Email:	Eircode:
Address*:	
County*:	Date participant commenced programme*: ___/___/20__

Section 3. Additional Special Category Data (optional)	
<p>The giving of this additional information under SECTION 3 is <u>purely voluntary</u> and helps us ensure the scheme is meeting its objectives. Insert your initials in the box below if you agree to provide this additional data. There is no impact on the services you will receive if you choose not to and you can withdraw consent at any time by contacting us. See our contact details.</p>	
<p><b>I (the participant) freely give my consent for the use of information in this Section (3) for WorkAbility reporting, development of services and statistical purposes.</b></p>	<p><b>Participant initials to consent</b></p>
<p>Please indicate the nature of the participants disability (<i>select only one</i>):</p>	
Physical & Sensory disability <input type="checkbox"/>	Chronic illness <input type="checkbox"/> Neurodivergent <input type="checkbox"/>
Intellectual disability <input type="checkbox"/>	Mental health difficulty/physiological condition <input type="checkbox"/>
Other <input type="checkbox"/>	Requested but not provided <input type="checkbox"/>

Please select ALL of the long-lasting difficulties/ conditions, as set out by the ESF, which are relevant to the participant:

	YES	NO	Requested but not provided		YES	NO	Requested but not Provided
Deafness or a severe hearing impairment				A psychological or emotional condition			
Blindness or a serious vision impairment				An intellectual disability			
Encounter difficulties working at a job or business or attending school or college (employment disability)				Encounter difficulties going outside the home alone to shop or visit a doctor's surgery (going outside the home disability)			
A difficulty with learning, remembering or concentrating				A difficulty with pain, breathing or any other chronic illness			
Encounter difficulties dressing, bathing or getting around inside the home (self-care disability)				Encounter difficulties participating in other activities, such as leisure or using transport			
A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying							

**Participant attended / is attending special education classes or school?**

(E.g. This does not include participating in a mainstream class with support from an SNA)

Yes  No  Requested but not provided

**Is participant's background status any of the following:**

Please refer to the guidance document for full definitions

	Yes	No	Requested but not provided
Third country national			
Minority- including marginalised communities e.g. Roma			
Person with a foreign background			
Homeless or affected by housing exclusion			

## Section 4. Participant Details

**Labour market status on commencement (select one) \*:**

Please refer to the guidance document for full definitions

Employed (including self-employed)		Unemployed <b>less than 12</b> months	
Inactive		Unemployed <b>over 12</b> months	

**Highest level of education attained (select one) \*:**

Please refer to guidance on [National Framework of Qualifications](#)

NFQ Level 1 (Certificate)		NFQ Level 7 ( Ordinary Batchelor Degree)	
NFQ Level 2 (Primary school)		NFQ Level 8 (Honours Batchelor Degree)	
NFQ Level 3 (Junior Certificate)		NFQ Level 9 (Master’s Degree)	
NFQ Level 4 (Leaving Certificate)		NFQ Level 10 (Doctoral Degree)	
NFQ Level 5 (Post Leaving Certificate)		No basic education	
NFQ Level 6a (Advanced Certificate/Further Education)		Requested but not provided	
NFQ Level 6b (Higher Certificate)			

## Section 5. Future contact (optional)

Insert your initials in the box below if you give your consent to be contacted for feedback about the WorkAbility supports you receive. You can withdraw consent at any time by contacting us.

**I (the participant) freely give my consent to be contacted by Pobal, research bodies and/or agents of the Department for feedback about the WorkAbility services I received.**

**Participant initials to consent**

### Declaration

I, \_\_\_\_\_ (participant) confirm that the information provided above to determine my eligibility for the WorkAbility Programme (funded by the Department of Social Protection and cofunded by the European Social Fund), is true and accurate to the best of my knowledge. I also confirm that I have at least one of the long-lasting conditions/difficulties outlined in Section 3 above.

**Participant’s Signature \*:** \_\_\_\_\_ **Date\*:** \_\_\_\_\_

**Legal guardian Signature (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Participant ID (CRM generated): \_\_\_\_\_

Section 6. Participant status upon leaving			
Exit date from WorkAbility *: _____/_____/20_____			
<b>ESF Immediate result indicators – record status of individual on (or up to 4 weeks from) exit date *:</b>			
<i>Note: Yes can only be selected for one of the options under a, b, and c. E.g. If Yes is selected for option a, then No should be selected for option b and option c.</i>	Yes	No	Requested but not provided
a. Engaged in job searching upon leaving			
b. In education/training upon leaving			
c. In employment/self-employment upon leaving			
If No is selected for a, b and c above please give details of other activity: _____			
Has participant gained a qualification upon leaving?			
<b>If participant is in employment, how many hours worked on average per week: _____</b>			
<b>Work experience/Volunteering*:</b>			
• Participant engaged in work experience	<b>Yes</b>	<b>No</b>	
• Participant engaged in volunteering/social role in the community	<b>Yes</b>	<b>No</b>	
<b>Participant education status on leaving: Please select one. *</b>			
NFQ Level 1 (Certificate)		NFQ Level 7 ( Ordinary Batchelor Degree)	
NFQ Level 2 (Primary school)		NFQ Level 8 (Honours Batchelor Degree)	
NFQ Level 3 (Junior Certificate)		NFQ Level 9 (Master’s Degree)	
NFQ Level 4 (Leaving Certificate)		NFQ Level 10 (Doctoral Degree)	
NFQ Level 5 (Post Leaving Certificate)		No basic education	
NFQ Level 6a (Advanced Certificate/Further Education)		Requested but not provided	
NFQ Level 6b (Higher Certificate)			

Participant ID (CRM generated): \_\_\_\_\_

Section 7. Participant status 6 MONTHS after exit date			
Date 6-month follow up completed *: _____/_____/20_____			
<b>Status of individual 6 months after (or up to 4 weeks from) exit date *</b> Participant can only select Yes to either (i) or (ii) and not both. If No is selected for i or ii, please answer iii Other.			
	Yes	No	Requested but not provided
(i) Participant is in an improved labour market situation			
(ii) Participant is in employment/self-employment upon leaving			
(iii) Other: _____ _____			
If Yes to In Employment, is it: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Average hours worked per week: _____			
In volunteer position or social role*: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Education status 6 months after leaving * (Please select one)</b>			
NFQ Level 1 (Certificate)		NFQ Level 7 ( Ordinary Batchelor Degree)	
NFQ Level 2 (Primary school)		NFQ Level 8 (Honours Batchelor Degree)	
NFQ Level 3 (Junior Certificate)		NFQ Level 9 (Master's Degree)	
NFQ Level 4 (Leaving Certificate)		NFQ Level 10 (Doctoral Degree)	
NFQ Level 5 (Post Leaving Certificate)		No basic education	
NFQ Level 6a (Advanced Certificate/Further Education)		Requested but not provided	
NFQ Level 6b (Higher Certificate)			

# WorkAbility

## INFORMATION & REGISTRATION

### What is the WorkAbility Programme?



WorkAbility aims to support people with disabilities to prepare themselves to start working or to find and maintain employment.

The programme will provide pathways into employment through education, training, skills development, and in-work supports for participants. Supports will be provided by national, regional and local organisations that already work with people with disabilities in Ireland.

### Who is the programme for?

The Programme will support up to 13,000 people with disabilities aged 16 years of age and older. The Programme runs for 5 years from January 2024 to December 2028.



### How do I register for WorkAbility?



There is a registration form that you will complete with the WorkAbility organisation. You will be asked for information on your age, where you live, your contact details and your education.

There is other information relating to your disability and background that the WorkAbility organisation will ask you if you give consent for this information to be collected. Even if you do give consent, you can still decide not to give any details later if you wish.

### What do we do with your information?



The information we collect about you is used to;

- track your progress on the programme and identify and inform you of the best supports to meet your needs.
- keep track of the services we provide to you and see if they have helped you.
- produce reports to help us plan and improve our services.
- Meet our funders monitoring, reporting and audit requirements.