Ireland's European Structural and Investment Funds Programmes 2014-2020
Co-funded by the Irish Government and the European Union

EUROPEAN UNION
Investing in your future
European Social Fund

Social Welfare Services
BTW 2
Data Classification R

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 Case Officer 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, your local Social Welfare Office or Local Integrated Development Company.

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. Title: (insert an 'X' or specify) Mr. ☐ Mrs. ☒ Ms. ☐ Other

3. Surname: MURPHY

4. First name(s): MAUREEN

5. Your first name(s) as appear(s) on your birth certificate: MARY

6. Birth surname: MCDERMOTT

7. Your date of birth: 28 02 1970
D D M M Y Y Y Y

8. Your mother's birth surname: KELLY

Contact Details

9. Your address:
1 NEW STREET
OLD TOWN
DONEGAL TOWN
County DONEGAL Postcode

10. Your telephone number: ONE NUMBER PER BOX
MOBILE
ONE NUMBER PER BOX
LANDLINE

11. Your email address: ONE CHARACTER PER BOX

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Part 1 Your own details

1. **Your PPS No.:**
2. **Title:** (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other
3. **Surname:**
4. **First name(s):**
5. **Your first name(s) as appear(s) on your birth certificate:**
6. **Birth surname:**
7. **Your date of birth:** D D M M Y Y Y Y
8. **Your mother's birth surname:**

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.

Signature (not block letters)

Date: D D M M 2 0 Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 2 Your own details

12. Have you received a Back to Work Allowance or Back to Work Enterprise Allowance before?

☐ Yes ☐ No

If 'Yes', please give details.

13. What type of social welfare payment are you getting?

Name of payment:

Amount: € ☐☐☐,☐☐☐.☐☐ a week

14. If you are getting Jobseeker's Benefit or Jobseeker's Allowance, please state:

When you last signed on: ☐☐ ☐☐ ☐☐☐☐ (D D M M Y Y Y Y)

15. Are you taking or have you taken part in any of the following courses or schemes?

Type of course or scheme	If 'Yes' (X)	Date you started course or scheme (D D M M Y Y Y Y)	Date you finished course or scheme (D D M M Y Y Y Y)
Full-time Solas/FÁS training course	☐		
Fáilte Ireland training course	☐		
Community Employment	☐		
Community Services Programme	☐		
Social Economy Programme	☐		
Tús	☐		
Rural Social Scheme	☐		
Fastrack to Information Technology (FIT)	☐		
Back to Education Allowance	☐		
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.**

Part 3 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:

Name 2 (if any):

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

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child's:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Part 5 Details of self-employment project

17. What does your business or project involve?

18. Have you any relevant training or work experience?

☐ Yes ☐ No

If 'Yes', please give details of training or work experience:

19. When do you propose to start your business or project?

D D M M Y Y Y Y

20. Have you a detailed business plan for your business?

☐ Yes ☐ No

21. Do you intend to employ people in your business or project?

☐ Yes ☐ No

If 'Yes', please give details:

(You may qualify for a grant for taking on new employees)

22. 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:

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 follows:

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.:

26. Title: (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other

27. Their surname:

28. Their first name(s):

29. Their birth surname:

Return this completed application form as follows:

If you live in:	Send your application to:
— 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 Case Officer

☐ **Project approved**

Business plan attached	☐ Yes	☐ No
Registered with Revenue	☐ Yes	☐ No
Copy of registration form STR1 attached.	☐ Yes	☐ No

☐ **Project not approved**

Give reason(s)

Signature (not block letters)

Date: ☐☐ ☐☐ 2 0 ☐☐

D D M M Y Y Y Y

Official stamp

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 Commenced:	
JA personal rate	€
Qualified adult rate	€
QC rate	€
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 ☐ No
Amount	€

Overpayment Details	
Original amount	€
Deductions	€
Balance	€

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.