



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

How to complete application form for Back to Work Enterprise Allowance.

Important: You **must** have your business approved by your Partnership 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.
- You need a Personal Public Service Number (PPS No.) before you apply.

If you do not have a spouse or partner 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 or partner 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 Social Welfare Office or Citizens Information Centre.

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

How to fill in first page of this form

To assist us in processing your claim:

- 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.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other													
3. Surname:	M	U	R	P	H	Y														
4. First name(s):	M	A	U	R	E	E	N													
5. Your first name as it appears on your birth certificate:	M	A	R	Y																
6. Birth surname:	M	C	D	E	R	M	O	T	T											
7. Your mother's birth surname:	K	E	L	L	Y															
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:	0	1	7	0	4	3	0	0	0												
	LANDLINE																				
	0	8	6	1	2	3	4	5	6	7											
	MOBILE																				
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E			

SAMPLE

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				Date you finished course or scheme			
Full-time FÁS training course	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>		
Fáilte Ireland training course	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>		
Community Employment	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>		
Community Services Programme	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>		
Social Economy Programme	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>		
Job Initiative	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>		
Rural Social Scheme	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>		
Fastrack to Information Technology (FIT)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>		
Back to Education Allowance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>		
Vocational Training Opportunities Scheme (VTOS)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>	<input type="text"/> <input type="text"/> <small>D D</small>	<input type="text"/> <input type="text"/> <small>M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Y Y Y Y</small>		

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

You 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:	<input type="text"/>
Sort code:	<input type="text"/>
Account number:	<input type="text"/>
Bank Identifier Code (BIC):	<input type="text"/>
International Bank Account Number (IBAN):	<input type="text"/>
Name(s) of account holder(s):	
Name 1:	<input type="text"/>
Name 2 (if any):	<input type="text"/>

Part 4

Details of your qualified child(ren)

16. How many children do you wish to claim for?

<input type="text"/>	under age 18
<input type="text"/>	age 18 - 22 in full-time education

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

Please state child's:

Surname:	<input type="text"/>
First name(s):	<input type="text"/>
PPS No.:	<input type="text"/>
Surname:	<input type="text"/>
First name(s):	<input type="text"/>
PPS No.:	<input type="text"/>
Surname:	<input type="text"/>
First name(s):	<input type="text"/>
PPS No.:	<input type="text"/>



Return this completed application form as follows:

If you live in:

- a Partnership area
- a non-Partnership area

Send your application to:

- your local Partnership Company
- your local Social Welfare Office

For official use only

Recommendation: To be completed by the Enterprise Officer or Facilitator

- | | | | |
|--|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Project approved | Business plan attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Registered with Revenue | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Copy of registration form STR1 attached. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 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	€

Overpayment Details

Original amount	€
Deductions	€
Balance	€

Date of cessation:

LT days	
ST JA	
LT JA	
JB + JA	
QCI contd. pyt.	

Casual signer? Yes No

Free fuel entitlement? Yes No

Amount €

Signed:

Date:

LO or BEO No.





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.

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