Notice of giving up work due to ill-health

Social Welfare Services
CR 35

Data Classification R

- Please use BLOCK LETTERS
- Please use BLACK INK and complete all questions.
- If a question does not apply to you, please leave the answer area blank.
- Log on to **www.welfare.ie** for more information.

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. **Birth surname:**
6. **Your mother's birth surname:**
7. **Your date of birth:** D D M M Y Y Y Y

Contact Details

8. **Your address:**
9. **Your telephone number:** MOBILE / LANDLINE
10. **Your email address:**

Declaration

I declare that all the information I have given on this form is accurate.

I will tell the Department when my circumstances change.

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 1 continued — Your own details

11.Employer's name:

12.Employer's address:

13.Date you gave up work due to ill-health:

D D M M Y Y Y Y

Please attach a medical certificate covering the period from start of your illness to 31 December of the current year.

Send this completed application form and relevant documents to:

Department of Social Protection
Client Eligibility Services
McCarter's Road
Ardarvan
Buncrana
Co. Donegal

LoCall: 1890 690 690 (from the Republic of Ireland only)

Telephone: +353 1 4715898 (from Northern Ireland or overseas)

Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

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.