Application form for

Part-Time Job Incentive Scheme

Social Welfare Services
PTA 1

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

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 date of birth:** D D M M Y Y Y Y

Contact Details

6. **Your address:**
7. **Your telephone number:** MOBILE / LANDLINE
8. **Your email address:**

Declaration

I wish to participate in the Part-Time Job Incentive scheme. I understand that I must work for **less than 24 hours a week** and I will advise the Department if I work 24 hours or more in any week. I am aware that if accepted, I must remain on the scheme for at least 2 months.

Signature (**not** block letters)

Date: D D M M 2 0 Y Y 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 Employer's details

9. Employer's name:

10. Employer's address:

11. Nature of Business:

For official use only

☐ The person named above satisfies the conditions for taking part in the Part-Time Job Incentive Scheme and will commence participation with effect from D D M M 2 0 Y Y Y Y at a weekly rate of € . .

☐ The person named above does not satisfy the conditions for taking part in the Part-Time Job Incentive Scheme.

Date: D D M M 2 0 Y Y Y Y

Signature (**not** block letters)

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.