



Appendix 1

**DEPARTMENT OF SOCIAL AND FAMILY AFFAIRS
Social and Family Support Services**

**Back to Work Allowance
Scheme for the Very Longterm Unemployed Programme (VLTU)**

Name _____

PPS No _____

Address



Training Allowance

Employer Name

Address

Contact Name _____

Tel _____

Training Period: From _____ To _____

I approve the payment of EUR 45.00 for ___ weeks (Total
EUR ____ to the above named.)

Approved _____

Facilitator

Date _____



**Scheme for the VLTU - Approval of Exceptional Payment I
(With BTW1)**

Having satisfactorily completed the appropriate period of six weeks training, I approve payment of the BTW allowance and an exceptional payment of EUR 254.00

Approved _____
Facilitator

Date _____

Scheme for the VLTU - Approval of Exceptional Payment II

Having satisfactorily completed six months employment, I approve payment of an exceptional payment of EUR 254.00 to the above named BTW claimant.

Approved _____
Facilitator

Date _____
