



**REASONABLE ACCOMMODATION FUND
FOR THE EMPLOYMENT OF PEOPLE WITH A DISABILITY**

Application form - Section 1 – Employee/Job Applicant and Employer/Company information

Employee/Job Applicant details

Name of Employee/Job Applicant: _____

Address: _____

Date of birth: ____/____/____ PPS No: _____

Male: _____ Female: _____ Telephone: _____

Email: _____

Details of Disability: _____

*Duration in present employment: _____ years _____ months

(*not required for Job Interview Interpreter Grant)

Employer/Company Details

Company name: _____

Address: _____

Tax No/VAT No: _____

Company contact: _____

Telephone: _____

Email: _____

Notes:

- Completed Forms should be sent to your local DEASP INTREO Centre. If you know the name of the Case Officer dealing with your application please address the application to him/her.
- This application form **Section 1** must be accompanied by a **Section 2** application for the particular Support, for example, Work Equipment/Adaptation Grant, Job Interview Interpreter Grant, Personal Reader Grant, etc.

Company/Employer Stamp