Application form to Engage Jobseekers in Voluntary Work

Social Welfare Services
VW 1
Data Classification R

Part 1 — To be completed by the Jobseeker

1. **PPS No.:**
2. **Surname:**
3. **First name(s):**
4. **Name of your Local Office:**

Jobseeker signature (**not** block letters)

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

Part 2 — To be completed by the organisation sponsoring the voluntary work

5. **Name of organisation sponsoring voluntary work:**

   Address:

6. **Is the organisation a Voluntary Group or a registered charity?** ☐ Yes ☐ No

   If 'Yes', please state source of funding:

7. **State the number of paid employees in the organisation:**
8. **State the number of volunteers in the organisation:**
9. **Why is there a requirement for additional staff?**
10. **Why is an additional paid employee not recruited?**
11. **How long will the need for additional staff last?** Years Months
12. **If the application for the Voluntary Work Option is refused, how will the staffing shortfall be made up?**
13. **Address where volunteer will work (if different):**
14. **Will the jobseeker be replacing a paid employee?** ☐ Yes ☐ No

To be completed by the organisation sponsoring the voluntary work

15. Will the jobseeker be doing the same type of work as a paid employee? ☐ Yes ☐ No

16. State the number of hours per day and days per week the volunteer will be working?

☐☐ hours a day ☐☐ days a week

17. Please give a description of the voluntary work involved:

18. How long is the voluntary work expected to last?

From: ☐☐ ☐☐ ☐☐☐☐

To ☐☐ ☐☐ ☐☐☐☐

D D M M Y Y Y Y

19. Is it proposed to make any payments to the jobseeker? ☐ Yes ☐ No

If 'Yes', please give amount of payment: € ☐☐☐.☐☐ a week

Purpose of this payment:

20. Would the jobseeker be able to leave at short notice to take up paid employment?

☐ Yes ☐ No

Declaration

I apply for approval to allow the jobseeker named above to do the voluntary work specified at Q17.

Date: ☐☐ ☐☐ 2 0 ☐☐

D D M M Y Y Y Y

Signature (**not** block letters)

Position in company or organisation

For Official Use Only

Application approved? ☐ Yes ☐ No

If 'No', state grounds for refusal:

Date: ☐☐ ☐☐ 2 0 ☐☐

D D M M Y Y Y Y

Signature (**not** block letters) of Deciding Officer

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.