



**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