



Wage Subsidy Scheme (WSS 4) **APPLICATION FOR STRAND III**

EMPLOYER REG No: _____

BUSINESS No: ____/____/____/1

The following conditions apply to the Employment Assistance Officer Grant:

- The company must employ 30 or more employees with a disability each calendar month that they claim the grant.
- The maximum annual grant payable is a contribution of €30,000* per Employment Assistance Officer employed.
- The grant is not paid on a pro-rata basis.

***PLEASE NOTE:** THE GRANT IS PAID IN MONTHLY INSTALMENTS OF €2,500, TO A MAXIMUM OF 12 PAYMENTS PER CALENDAR YEAR. IF THE NUMBER OF EMPLOYEES WITH A DISABILITY FALLS BELOW 30 AT ANY STAGE DURING THE 12 MONTH PERIOD THEN PAYMENT WILL CEASE UNTIL THE ORIGINAL QUOTA IS REACHED AGAIN.

Company/Employer name: _____
(where salaries are processed and where invoices are sent and the wage subsidy paid)

Employer Address: _____

Tax Clearance Number/TCAN: _____

Tax Clearance Certificate expiry date: ____/____/____

Employment/business location: _____
(if different from above employer address)

Contact Name: _____
(must be direct line Manager)

Contact Telephone No: _____

Email: _____



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I am/We are in receipt of a Strand I WSS payment for _____ employees with a disability and wish to apply for a Strand III grant to employ an Employment Assistance Officer to assist these employees with their needs in employment.

Signed Employer: _____

Name (in block capitals): _____

Title and position in Company: _____

Date: ____/____/____

Company/Employer Stamp

Freedom of Information Act, 2014 (FOI)

The DEASP undertakes to use its best endeavours to hold confidential any information provided by companies (correspondence/forms/tenders, etc.), subject to the DEASP's obligations under law, including the Freedom of Information Act, 2014. Should a company wish that any of the information it supplied not be disclosed because of its sensitivity, the company should, when providing the information, identify the same and specify the reasons for its sensitivity. The DEASP will consult with the company's representative about this sensitive information before making a decision on any FOI request received. Please note, however, that if no information is identified as sensitive, with supporting reasons, then it can potentially be released in response to a FOI request.

Rights of Access

An employer shall grant officials of DEASP access to records, financial or otherwise, pertaining to the Wage Subsidy Scheme. At the request of DEASP, the employer will provide rights of access and inspection to DEASP, its officers and agents and the Comptroller and Auditor General to all activities, records, persons and information which DEASP may reasonably require to verify compliance by the Company with the terms and conditions agreed in relation to the Scheme.

All records, both manual and electronic, relating to funding provided under the Wage Subsidy Scheme must be retained for as long as the wage subsidy is in payment and for six years after, and must be available for inspection.

Payment of WSS may be suspended or stopped if the employer does not agree to any reasonable request from an officer or agent of the DEASP to access any records they hold pertaining to WSS.



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Please return this form to a DEASP Intreo Centre or Case Officer with the following attached:

A list of the 30+ employees for whom a Strand I subsidy is being paid, giving their names, PPS numbers, dates of commencement of employment, the locations where they are employed, the names of the Case Officers who deal with each employee and the offices where these Case Officers are located

Copies of the latest invoices for Strand I WSS payments to the 30+ employees

A job specification for the Employee Assistance Officer post to be filled

A CV for the successful applicant for the post, giving details of any qualifications he/she has that would fit him for the post

For DEASP Use Only

I have interviewed the Employer and Employee Assistance Officer, and this employer's application for a Strand III WSS payment is:

Recommended: _____ Date: ____/____/____
DEASP Case Officer

Following a review of this employer's application for a Strand III WSS payment and of the supporting documentation, I decide that the application is:

Granted Not granted

If not, please specify why not:

Signed: _____ Date: ____/____/____
Assistant Principal
Disability & Illness Policy Section