



**Wage Subsidy Scheme**  
**(WSS1ER)**  
**APPLICATION FOR FUNDING**

The following conditions apply to recipients of the Wage Subsidy Scheme:

- The employee(s) must have a disability which results in a productivity shortfall of at least 20%.
- The employee(s) must work for 21 hours or more per week.
- All employees must be provided with a signed Contract of Employment setting out the terms and conditions of employment and a Job Description (and a Person Specification if available). These must be attached to *each* Employee Application.
- The employee(s) will be employed under the same conditions of employment as other employees, as regards PRSI, tax, leave and being paid the going rate for the job.

Company/Employer name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

(where salaries are processed and where invoices are sent and the wage subsidy will be paid)

Tax Clearance Number/TCAN: \_\_\_\_\_

Employer Tax Registration Number: \_\_\_\_\_

Employment/business location: \_\_\_\_\_

(if different from above employer address)

Contact Name: \_\_\_\_\_

(must be direct line Manager)

Contact Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

**FOR DEASP USE ONLY**

EMPLOYER

REG No: \_\_\_\_\_

BUSINESS No: \_\_\_\_/\_\_\_\_/\_\_\_\_/1

BUSINESS START: \_\_\_\_/\_\_\_\_/\_\_\_\_

FINISH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ENTRANT STATUS:

NEW:

TRANSFER WITHIN WSS:

INDUSTRY  
CLASSIFICATION  
CODE:

COUNTY CODE:

LOCATION CODE OF EMPLOYER:  
(must be where invoice is sent and  
wage subsidy paid)

Case Officer: \_\_\_\_\_

DEASP Office: \_\_\_\_\_

INPUTTED BY: \_\_\_\_\_

TAX CLEARANCE  
CHECKED: \_\_\_\_\_

DATE INPUTTED: \_\_\_\_/\_\_\_\_/\_\_\_\_



Please return this form to your DEASP Case Officer with the following attached:

- **Current Tax Clearance Certificate or Tax Clearance Access No and Tax Clearance Application Result:**
- **Completed EFT Bank Mandate form**
- **Completed Employee Application form/s:**
- **Productivity Level Report form/s:**
- **Signed Contract/s of Employment for at least 6 months setting out the terms and conditions of employment:**
- **Job Description/s (and Person Specification/s if available):**

I certify that the employee's/employees' terms and conditions of employment are in line with the minimum wage requirements and other statutory employment provisions.

Signed Employer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (in block capitals): \_\_\_\_\_

Title and position in Company: \_\_\_\_\_

**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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Recommended: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Case Officer

Approved: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_