



Application form for Farm Assist

How to complete this application form.

- Please tear off this page and use as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions** that apply to you.
- You need a Personal Public Service Number (PPS No.) before you apply.
- Please supply farm receipts and invoices in date order to confirm farm income or sales and farm purchases and expenses covering the last 12 months.

Fill in all **Parts** as they apply to you. When form is completed, read **Part 9** and sign declaration in **Part 1**.

If you need help to complete this form, please contact your local Social Welfare Office or Citizens Information Centre.

For more information, log on to **www.welfare.ie**

Important:

You should apply as soon as you become eligible otherwise you could lose some payment.

How to fill in first page of this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T											
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other												
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your mother's birth surname:	K	E	L	L	Y														
8. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M		Y	Y	Y	Y									

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T								
	O	L	D			T	O	W	N											
	C	O		D	O	N	E	G	A	L										
10. Your telephone number:	O	N	E			N	U	M	B	E	R		P	E	R		B	O	X	
	MOBILE																			
	O	N	E			N	U	M	B	E	R		P	E	R		B	O	X	
	LANDLINE																			
11. Your email address:	O	N	E			C	H	A	R	A	C	T	E	R		P	E	R		
	B	O	X																	

SAMPLE

Application form for Farm Assist

Social Welfare Services

FARM 1

Data Classification R



Part 1

Your own details

1. Your PPS No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
2. Title: (insert an 'X' or specify)	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
3. Surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. First name(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Your first name as it appears on your birth certificate:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Birth surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Your mother's birth surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Your date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y	Y	Y							

Contact Details

9. Your address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Your telephone number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Your email address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MOBILE

LANDLINE

Declaration

I/we declare that all the information I/we have given on this form is accurate.
I/we will tell the Department when my/our means or circumstances change.

Signature (not block letters)

Date: 20

D D M M Y Y Y Y

Signature from your spouse, civil partner or cohabitant (not block letters)

Date: 20

D D M M Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.



Part 1 continued

Your own details

12. Are you?

- Single
- Married
- Separated
- Divorced
- Widowed

- Cohabiting
- In a Civil Partnership
- A surviving Civil Partner
- A former Civil Partner
(you were in a Civil Partnership that has since been dissolved)

13. If you are married, in a civil partnership or cohabiting, from what date?

D D M M Y Y Y Y

14. Your nationality?

15. If you are paying maintenance, please state:

Amount you pay: € . a week

16. If you are receiving maintenance, please state:

Amount you receive: € . a week

17. Were you in insurable or other self-employment previously?

- Yes
- No

If 'Yes', please give details:

18. Did you receive a redundancy payment?

- Yes
- No

If 'Yes', please state:

Date received:

D D M M Y Y Y Y

Amount: € , .

19. Do you get a pension from your previous employment?

- Yes
- No

If 'Yes', please state:

Amount: € . a week



20. Is the farm solely farmed by you or jointly farmed with your spouse, civil partner or cohabitant?

- Solely farmed
 Jointly farmed with your spouse, civil partner or cohabitant

21. Do you own a farm? Yes No

If 'Yes', please state:

Size of farm: acres

Do you farm the land? Yes No

22. Do you rent, lease or have the use of any farm of land?

- Yes No

If 'Yes', please state:

Size of farm rented, leased or used by you to farm:

acres

23. Please state total size of farm farmed by you:

acres

Registered owner of farm(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

24. How many animals are in the herd or flock?

Please state:

Creamery number, if any:

Herd or flock number:

Please note: text written in *italics* is for official use only.

Social Welfare
Local Office

Social Welfare
Branch Office

25. How much stock is on the farm?

- | | |
|---|---|
| <input type="text"/> <input type="text"/> <input type="text"/> dairy | <input type="text"/> <input type="text"/> <input type="text"/> pigs |
| <input type="text"/> <input type="text"/> <input type="text"/> sheep | <input type="text"/> <input type="text"/> <input type="text"/> drystock |
| <input type="text"/> <input type="text"/> <input type="text"/> horses | <input type="text"/> <input type="text"/> <input type="text"/> other |

Please specify:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

26. How many acres are under tillage?

acres

27. Do you get a Single Farm Payment from the Department of Agriculture, Fisheries and Food?

- Yes No

If 'Yes', please state:

Amount: € , . a year

ERIN No.

FOR OFFICIAL USE ONLY

Identification Verified (Y/N)

Identification type

Serial No.

Initials of Local Officer

Claim Type

Comm. Date

Occupational Code

Prev. History Code

Eq. Indicator

D/T

Pay day Thurs.

Scheme Hatch 01

Post Office

Pay. Ind

Child Deps

Y/N Verified



28. Do you get any headage or premium payments from the Department of Agriculture, Fisheries and Food?

Yes No

If 'Yes', please state:

Amount: € , . a year

29. Do you get a payment under the following?

i) Rural Environment Protection Scheme (REPS):

Yes No

ii) Special Areas of Conservation Scheme (SACS):

Yes No

iii) Agri Environmental Options Scheme (AEOS):

Yes No

If 'Yes', please state:

Scheme reference number:

30. Do you have land under forest?

Yes No

If 'Yes', please state:

Do you get income from the Forestry Premium Scheme? Yes No

Reference number:

31. Do you get any other 'direct' farm payment?

Yes No

If 'Yes', please state:

Type of payment:

Reference number:

32. Are you employed at present?

Yes No

If 'Yes', please state:

Employer's name:

Employer's address:

Amount: € , . a week

Employer's tax number:



33. Are you self-employed at present, e.g. Agriculture Contracting etc?

Yes No

If 'Yes', please state:

Your occupation:

Type of business or trade you have:

Your profit over the last year: € , .

Tax number or reference number:

34. Are you taking part in a Community Employment Scheme or a Rural Social Scheme?

Yes No

If 'Yes', please state:

Employer's name:

Employer's address:

Amount: € , . a week

Employer's tax number:

35. If you are getting any Social Protection payment or a Health Service Executive (HSE) payment or pension or allowance from any other country, please state:

Type of payment:

Name of country:

Your claim or reference number:

Amount: € , . a week

36. Are you on leave of absence, paid or unpaid, from your employment?

Yes No

If 'Yes', please state:

a career break term-time leave

parental leave maternity leave

If you are on any **other** leave of absence, please give details in the space provided:

How long you have been on leave: From:
 To:
D D M M Y Y Y Y



37. Are you taking part in a state-funded training course or Back to Education Programme?

Yes No
If 'Yes', please state:
 Type of course:
 Employer's or sponsor's name:
 Employer's or sponsor's address:

 Amount: € , . a week

38. If you have savings or accounts in a bank, post office, building society, credit union or any other financial institution, please state:

Financial Institution 1
 Name of financial institution:
 Account number:
 Current balance: € , .
Financial Institution 2
 Name of financial institution:
 Account number:
 Current balance: € , .

Note: A separate sheet of paper can be used for more details if needed.

39. Do you have co-op shares?

Yes No
If 'Yes', please state:
 Name of co-op:
 Value of shares: € , . a year

40. If you rent or lease land to any other person, please state:

Size of farm or land: acres
 Rental income: € , .

41. If you have interest in any other house, property or land, please state:

Rental income(if any): € , .
 Value of property or land: € , .

42. If you have income from any other source, please state:

Source of income:
 Amount of income: € , . a year (Y/N) Verified



Part 4

Your payment details

You can get your payment at your local post office or direct to your current, deposit or savings account in a financial institution. Please complete one option below.

Post Office

Post Office address:

Financial Institution

You will get the following details printed on statements from your financial institution.

Name of financial institution:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sort code:

--	--	--	--	--	--

Account number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Identifier Code (BIC):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name 2 (if any):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 5

Qualified child(ren)'s details

43. How many children do you wish to claim for?

--	--

under
age 18

--	--

age 18 - 22 in full-
time education

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child's:

Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First name(s):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PPS No.:

--	--	--	--	--	--	--	--	--	--

Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First name(s):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PPS No.:

--	--	--	--	--	--	--	--	--	--

Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First name(s):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PPS No.:

--	--	--	--	--	--	--	--	--	--



44.If any of these children are not living with you, please state:

Surname of whom they live with:

First name(s) of whom they live with:

Amount of maintenance you pay: € , a week

45.If any of the children are getting a Social Protection payment or Health Executive (HSE) payment in their own right, please state:

Name of payment:

46.If any other person is claiming an increase for any of the children on any Social Protection, Health Service Executive (HSE) or foreign social security payment, please state:

Name of claimant:

Type of payment:

Country of payment:

47.Does anyone else live with you apart from the child(ren) named above?

Yes No

If 'Yes', please give details of all other people living with you:

Person 1

Surname:

First name(s):

PPS No.:

Person 2

Surname:

First name(s):

PPS No.:

Person 3

Surname:

First name(s):

PPS No.:

Note: A separate sheet of paper can be used for more details if needed.



Part 6**Your spouse's, civil partner's or cohabitant's details**

48. Their PPS No.:

49. Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

50. Their surname:

51. Their first name(s):

52. Their birth surname:

53. Their mother's birth surname:

54. Their date of birth:

D D M M Y Y Y Y (Y/N) Verified

55. Their address:

Only answer this question if you are married or in a civil partnership and do not live together.

56. Country they were born in:

57. Their nationality?

58. If they are paying maintenance, please state:

Amount: € , . a week

59. If they are receiving maintenance, please state:

Amount: € , . a week

60. Were they in insurable or other self-employment previously?

 Yes No

If 'Yes', please give details:

61. Did they receive a redundancy payment?

If 'Yes', please state: Yes NoAmount: € , . a week

62. Do they get a pension from their previous employment?

If 'Yes', please state: Yes NoAmount: € , . a week

Part 7

Your spouse's, civil partner's or cohabitant's farm income

63. Do they own a farm?

Yes No

If 'Yes', please state:

Size of farm: acres

Do they farm the land? Yes No

If 'No', please state:

Registered owner:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

64. Do they rent, lease or have the use of any farm of land?

Yes No

If 'Yes', please state:

Size of farm rented, leased or used by them to farm:

acres

65. Please state total size of farm farmed by them:

acres

Registered owner of farm(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

66. Please state:

Creamery number, if any:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Herd or flock number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

67. How much stock is on the farm?

dairy pigs

sheep drystock

horses other

Please specify:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

68. How many acres are under tillage?

acres

69. Do they get a Single Farm Payment from the Department of Agriculture, Fisheries and Food?

Yes No

If 'Yes', please state:

Amount: € , . a year

70. Do they get any headage or premium payments from the Department of Agriculture, Fisheries and Food?

Yes No

If 'Yes', please state:

Amount: € , . a year

71. Do they get a payment under the following?

i) Rural Environment Protection Scheme (REPS):

Yes No



Part 7 continued

Your spouse's, civil partner's or cohabitant's farm income

ii)Special Areas of Conservation Scheme (SACS):

Yes No

iii)Agri Environmental Options Scheme (AEOS):

If 'Yes', please state:

Yes No

Scheme reference number:

[Grid for scheme reference number]

72.Do they have land under forest?

Yes No

If 'Yes', please state:

Do they get income from the Forestry Premium Scheme?

Yes No

Reference number:

[Grid for reference number]

73.Do they get any other 'direct' farm payment?

Yes No

If 'Yes', please state:

Type of payment:

[Grid for type of payment]

Reference number:

[Grid for reference number]

Part 8

Your spouse's, civil partner's or cohabitant's other income

74.Are they employed at present?

Yes No

If 'Yes', please state:

Employer's name:

[Grid for employer's name]

Employer's address:

[Grid for employer's address]

Amount:

€ [] , [] [] [] . [] [] a week

Employer's tax number:

[Grid for employer's tax number]

75.Are they self-employed at present, e.g. Agriculture Contracting etc?

Yes No

If 'Yes', please state:

Their occupation:

[Grid for their occupation]

Type of business or trade they have:

[Grid for type of business or trade]

Their profit over the last year:

€ [] [] [] , [] [] [] . [] []

Tax number or reference number:

[Grid for tax number or reference number]



76. Are they taking part in a Community Employment Scheme or a Rural Social Scheme?

Yes No

If 'Yes', please state:

Employer's name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer's address:

Amount: € , . a week

77. If they are getting any Social Protection payment or Health Service Executive (HSE) payment or pension or allowance from any other country, please state:

Type of payment:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Their claim or reference number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount: € , . a week

78. Are they on leave of absence, paid or unpaid, from their employment?

Yes No

If 'Yes', please state:

a career break term-time leave
 parental leave maternity leave

If they are on any **other** leave of absence, please give details in the space provided:

--

How long they have been on leave: From:

To:
D D M M Y Y Y Y

79. Are they taking part in a state-funded training course or Back to Education Programme?

Yes No

If 'Yes', please state:

Type of course:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Have you enclosed the following?

- **P60 for the last full tax year**
(if you were employed for that year)
- **Statements from financial institutions for the last 3 months**
(if you, your spouse, civil partner or cohabitant have money or investments in a financial institution)
- **Letter from school or college**
(if you are claiming for child(ren) aged between 18 and 22 who are in full-time education)
- **Maintenance order**
(if applicable)
- **Declaration from District Veterinary Office**
(confirming stock details at last test and all payments from the Department of Agriculture, Fisheries and Food received in the last 12 months)
- **Farm receipts and invoices**
(confirming farm income and sales and farm purchases and expenses covering the last 12 months
Milk receipts for the last 12 months
Copy of the last Department of Agricultural Fisheries and Food herd test
Keep the receipts for the Repts and the AEOS separate)

If you were born, married or entered into a civil partnership outside the Republic of Ireland:

- **Your birth certificate**
- **Your marriage certificate or civil partnership registration certificate**
- **Your divorce decree (decree absolute) certificate or decree of dissolution of civil partnership**
- **Your spouse's or civil partner's birth certificate**
- **Your child(ren)'s birth certificate(s)** (if born outside the Republic of Ireland and if applying for an increase for them). Note: No birth certificate is needed if you are already getting Child Benefit.

Original certificates only.

Please remember to sign the declaration in Part 1.

Send this completed application form to your local Social Welfare Office.

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.

