Application form for

Part-Time Job Incentive Scheme

Social Welfare Services
PTA 1

- Please use BLOCK LETTERS
- Please use BLACK INK and complete all questions.
- If a question does not apply to you, please leave the answer area blank.
- For more information, log on to **www.welfare.ie**.

Part 1 Your own details

1. **Your PPS No.:**
2. **Title:** (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other
3. **Surname:**
4. **First name(s):**
5. **Your date of birth:** D D M M Y Y Y Y

Contact Details

6. **Your address:**
7. **Your telephone number:** MOBILE / LANDLINE
8. **Your email address:**

Declaration

I wish to participate in the Part-Time Job Incentive scheme. I understand that I must work for **less than 24 hours a week** and I will advise the Department if I work 24 hours or more in any week. I am aware that if accepted, I must remain on the scheme for at least 2 months.

Signature (**not** block letters)

Date: D D M M 2 0 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 2 Employer's details

9. Employer's name:

10. Employer's address:

11. Nature of Business:

For official use only

☐ The person named above satisfies the conditions for taking part in the Part-Time Job Incentive Scheme and will commence participation with effect from D D M M 2 0 Y Y Y Y at a weekly rate of € . .

☐ The person named above does not satisfy the conditions for taking part in the Part-Time Job Incentive Scheme.

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

Signature (**not** block letters)

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.