

# Application form for self-employed people under the Short-term Enterprise Allowance

Social Welfare Services

**STE A 1**

Data Classification R



## **How to complete application form for Short-term Enterprise Allowance.**

**Important:** You **must** have your business approved by your Local Integrated Development Company or a Facilitator from this Department **before** you start self-employment. If your application is successful, you **must** register as self-employed with Revenue.

**Only people in receipt of Jobseeker's Benefit may apply for this scheme.**

- 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.

### **If you do not have a spouse, civil partner or cohabitant:**

If you do not have a spouse, civil partner or cohabitant, fill in **Parts 1, 2, 3 and 4** as they apply to you. When form is completed, sign declaration in **Part 1**.

### **If you have a spouse, civil partner or cohabitant:**

If you have a spouse, civil partner or cohabitant, fill in **Parts 1, 2, 3, 4 and 5** as they apply to you. When form is completed, sign declaration in **Part 1**.

If you need any 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](http://www.welfare.ie)**.

## How to fill 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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







19. Have you ever done a start your own business course?

Yes       No

If 'Yes', please give details:

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20. Have you applied for or received any financial support from other sources for any part of this business or project?

Yes       No

If 'Yes', please state:

**Agency or organisation 1**

Name of agency or organisation:


Amount you got (if not received, amount applied for):

€    ,    .

Purpose:

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**Agency or organisation 2**

Name of agency or organisation:


Amount you got (if not received, amount applied for):

€    ,    .

Purpose:

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**Agency or organisation 3**

Name of agency or organisation:


Amount you got (if not received, amount applied for):

€    ,    .

Purpose:

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**21. Give details of cost as follows:**

Start-up costs: €    ,    .

List your own resources invested and any loans or grants you have received or applied for:

**22. Will this self employment business require time spent out of the country?**

Yes  No

If 'Yes', please give details of proposed absences:

**23. Have you registered as self-employed with Revenue?**

Yes  No

**Short-term Enterprise Allowance Conditions**

You must tell us at the Department of Social Protection if:

- any person for whom payment is included in your Allowance takes up employment, dies, leaves the country, takes up a FÁS course, becomes entitled to a social welfare payment or is detained in legal custody,
- you are no longer self-employed,
- you take up part-time or full-time employment.

Part 5

Your spouse's, civil partner's or cohabitant's details

**24. Their PPS No.:**

**25. Title:** (insert an 'X' or specify) Mr.  Mrs.  Ms.  Other

**26. Their surname:**

**27. Their first name(s):**

**28. Their birth surname:**

Return this completed application form as follows:

**If you live in:**

— a Partnership area

— a non-Partnership area

**Send your application to:**

— your local Integrated Development Company

— your local Social Welfare Office



## For official use only

**Recommendation: To be completed by the Enterprise Officer or Facilitator**

**Project approved**

**Business plan attached**

Yes

No

**Registered with Revenue**

Yes

No

**Copy of registration form  
TR1 attached.**

Yes

No

**Project not approved**

Give reason(s)

Signature (not block letters)

**Official stamp**

Date:

D D

M M

2 0 Y Y Y Y

## For official Departmental use only

**To be completed at local Social Welfare Office.**

**Jobseeker's Benefit Claim Commenced:**

**JB personal rate**

€

**Qualified adult rate**

€

**QC rate**

€

**JB weekly total**

€

**Date of cessation:**

**Smokeless fuel allowance entitlement?**

Yes

No

**Amount**

€

**Signed:**

**Date:**

**LO or BEO No.**

**Overpayment Details**

**Original amount**

€

**Deductions**

€

**Balance**

€

### Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data policy is available at [www.welfare.ie/dataprotection](http://www.welfare.ie/dataprotection) or in hard copy.

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

