

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

Social Welfare Services

STE A 1

Data Classification R



NDP
NATIONAL DEVELOPMENT PLAN

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**.

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								
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 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 or in hard copy.

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

