Application form for STEA 1 self-employed people under the Short-term Enterprise Allowance



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.			Mrs	s. 🛚 🗙		Ms				C	Othe	er				
3.	Surname:	M	U	R	P	Н	Y											
4.	First name(s):	M	Α	U	R	E	E	N										
5.	Your first name as it appears on your birth certificate:	М	A	R	Y													
6.	Birth surname:	M	С	D	Ε	R	M	0	T	Т								
7.	Your mother's birth surname:	K	Ε	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	Ε	W		S	Т	R	Е	Е	T							
	0	L	D		T	0	W	N											
	С	0		D	0	N	E	G	Α	L									
10.Your telephone number:	0	N	Ε		N	U	М	В	Ε	R		Р	Ε	R		В	0	X	
	M	ОВ	ΙL	Е	•	•	•	•		•	•			•					
	0	N	Ε		N	U	M	В	Ε	R		Р	Ε	R		В	0	X	
	LA	N	D L	ΙN	Е														
11.Your email address:	0	N	Ε		С	Н	Α	R	Α	С	Т	Ε	R		Р	Ε	R		

SAMPLE

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



Part 1	Your own details
1. Your PPS No.:	
2. Title: (insert an 'X' or specify)	Mr. Mrs. Other
3. Surname:	
4. First name(s):	
5. Your first name as it appears on your birth certificate:	
6. Birth surname:	
7. Your mother's birth surname:	
8. Your date of birth:	
	D D M M Y Y Y Y
	Contact Details
9. Your address:	
10.Your telephone number:	MOBILE
	MOBILE
	LANDLINE
11.Your email address:	
	Declaration
I declare that all the information	I have given on this form is accurate.
I will tell the Department when	
	Date: 20 YYYY
Signature (not block letters)	

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.Have you received a Short- before?	term Enterprise Allowance or Back to Work Enterprise Allowance											
	Yes No											
If 'Yes', please give details.												
13.Are you in receipt of Jobseeker's Benefit?												
1007 to you in receipt of source	Yes No											
If 'Yes', please state: Amount: €	a week											
	d, you should be aware that the Short-term Enterprise Allowance nefit. It is paid at the same rate until the period of Jobseeker's											
Part 2	Your payment details											
	nt direct to your current, deposit or savings account in a se complete your details below.											
	Financial Institution											
	You will find 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(s) of account holder(s): Name 1:												



Part 3	De	tai	IS	OI	yo	ur	qı	ıaı	111	ea	cr	1110	a(r	en	L)				
14.How many children do you wish to claim for?		¹ ag ¹ ag	nder se 18 se 18 ne e		2 in	full า	-		You must attach written confirmation from the school or college for the children aged 18 - 22									on	
Please state child's:																			
Surname:																			
First name(s):																			
PPS No.:																			
Surname:																			
First name(s):																			
PPS No.:																			
Surname:																			
First name(s):																			
PPS No.:																			
Part 4	De	tai	ls (of	sel	lf-e	em	υl	ov:	me	enf	t p	roi	ec	t				
16. Have you any relevant train If 'Yes', please give details of training or work experience:	Ye	S			1	No													
17.When do you propose to st	art yo	ur b	usi	nes	or	pro	jec	t?											
	D D		M	M		Y	Υ	Y	Y										
18.Do you intend to employ p	eople	in y	our	bus	sine	ss c	r p	roje	ect?										
	Ye	S			1	No													
If 'Yes', please give details:																			

Part 4 continued

Details of self-employment project

9. Have you ever done a st	tart your own business course?
If 'Yes', please give	Yes No
details:	
O. Have you applied for or business or project?	received any financial support from other sources for any part of this Yes No
If 'Yes', please state:	Agency or organisation 1
Name of agency or	
organisation:	
Amount you got (if not re	eceived, amount applied for):
	€
Purpose:	
Name of agency or	Agency or organisation 2
organisation:	
Amount you got (if not re	eceived, amount applied for):
	€ ,
Purpose:	
	Agency or organisation 3
Name of agency or organisation:	
Amount you got (if not re	eceived, amount applied for):
_	€,
Purpose:	

Part 4 continued

a non-Partnership area

Details of self-employment project

21. Give details of cost as follo	ows:								
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 sel	f-employed with Revenue?								
	Yes No								
Short-term Enterprise Allo	owance Conditions								
You must tell us at the Department of Social Protection if:									
	ment is included in your Allowance takes up employment, dies, leaves ÁS course, becomes entitled to a social welfare payment or is detained								
• you are no longer self-em	iployed,								
• 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. Other								
26. Their surname:									
27.Their first name(s):									
28. Their birth surname:									
Return th	is completed application form as follows:								
If you live in: — a Partnership area	Send your application to: — your local Integrated Development Company								

your local Social Welfare Office

		For office	cial use onl	y						
Recommendation: To	be comple	eted by the Ent	erprise Office	or Facilita	tor					
Project approved Business plan attached Yes No										
	R	egistered with I	Revenue 🔲	Yes	☐ No					
Copy of registration form Yes No TR1 attached.										
Project not appro	ved	Give reason(s)								
					Official stamp					
Signature (not block letter	rs)									
Date: D D M	2 M Y	0								
	For	official Dep	artmental	use only						
To be completed at lo	cal Social	Welfare Office	•							
Jobseeker's Benefit	t Claim Co	ommenced:	Overpayme	nt Details						
JB personal rate	€		Original am	ount	€					
Qualified adult rate	€		Deductions		€					
QC rate	€		Balance		€					
JB weekly total	€									
Date of cessation:										
Smokeless fuel allowa	nce entitl	ement? Ye	es 🔲 I	No						
Amount	€									
Signed:										
Date:										

Data Protection Statement

LO or BEO No.

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.

OK 05-18

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