Application form for 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. Ms. 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

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

    M O B I L E
    O N E N U M B E R P E R B O X

## 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. [ ]
   - Ms. [ ]
   - 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:**
   - Day: [ ]
   - Month: [ ]
   - Year: [ ]

### Contact Details

9. **Your address:**

10. **Your telephone number:**
   - **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 my circumstances change.

**Signature (not block letters)**

**Date:**

**DD** **MM** **YY**

**20**

**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

12. Have you received a Short-term Enterprise Allowance or Back to Work Enterprise Allowance before?

☐ Yes ☐ No

If ‘Yes’, please give details.

☐ Yes ☐ No

If ‘Yes’, please state:

Amount: € __________ a week

Note:
If your application is approved, you should be aware that the Short-term Enterprise Allowance replaces your Jobseeker’s Benefit. It is paid at the same rate until the period of Jobseeker’s Benefit expires.

Part 2

Your payment details

You may get your payment direct to your current, deposit or savings account in a financial institution. Please 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 1:

Name 2 (if any):

Name 3 (if any):

Name 4 (if any):

Name 5 (if any):
14. 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:

15. What does your business or project involve?

16. Have you any relevant training or work experience?

If ‘Yes’, please give details of training or work experience:

17. When do you propose to start your business or project?

18. Do you intend to employ people in your business or project?

If ‘Yes’, please give details:
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:
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.

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:

Part 5

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

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