

Application form for Jobseeker's Allowance or Benefit



- Please answer ALL questions, except Part 2 in the case of JB claims, and place a tick (✓) in the boxes provided.
- Please use BLOCK LETTERS.

PART 1

PERSONAL DETAILS about you and your spouse, civil partner or cohabitant

1. Please state:	APPLICANT	Male/Female	<input type="checkbox"/>	SPOUSE, CIVIL PARTNER OR COHABITANT	Male/Female	<input type="checkbox"/>	FOR OFFICIAL USE ONLY
	FIGURES	LETTER(S)	FIGURES	LETTER(S)	ID Known		
• Personal Public Service Number (PPS.no.) same as RSI/Tax Number							ID File Ph
• First name(s)							ID Pass
• Surname							ID DL
• Birth surname if different							ID Other
• Address <i>(If you and your spouse, civil partner or cohabitant are not living together give both Addresses)</i>							Scheme
• How long have you lived at this address?							Comm
• Telephone/Mobile Number <i>If you enter your mobile number we may text you in connection with your claim.</i>							UP 20
• Do you wish to avail of this service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			Advised about Credits
• Email address:							PO Code
• Mother's birth surname							Occ
• Distance from nearest Intreo Centre or Social Welfare Local/Branch Office							
• Nationality							
• Your normal occupation							
• Your last occupation							
• Date of Birth Attach your Birth Certificate	DAY MONTH YEAR		DAY MONTH YEAR		VERIFIED (Y/N)	<input type="checkbox"/>	

2. Are you?	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	In a Civil Partnership <input type="checkbox"/>
	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Cohabiting <input type="checkbox"/>	
• Date of marriage/civil partnership <i>If you are separated from your spouse, civil partner or cohabitant please state:</i>				
• Amount of maintenance paid by you	€		per week/month	
• Date you last paid maintenance				

3. Payment Details: Give details of the Post Office at which you wish to receive your payment.	POST OFFICE details State NAME of POST OFFICE:

Habitual residence is a condition that you must satisfy to qualify for Jobseeker’s Allowance. See SW 108 for more information about habitual residence.

4. In what country were you born?

5. What is your nationality?

Note

The Common Travel Area is Ireland, Great Britain, the Isle of Man and the Channel Islands.

You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and still be habitually resident here.

6. Have you lived in the Common Travel Area all of your life?

YES NO

If ‘Yes’, please complete questions 11 and 12.

If ‘No’, please complete questions 7 to 12.

7. Have you lived in the Common Travel Area for the last 2 years?

YES NO

If ‘No’, please give details below about each country outside the Common Travel Area where you have lived:

Country	From	To	Why you lived there

8. When did you come to Ireland?

DAY MTH YR

Have you lived continuously in Ireland since the day you arrived?

YES NO

9. Does any of your close family, for example parent, brother, sister or child, live in Ireland? If 'Yes', please give their details.

YES NO

Name	Address	DATE OF BIRTH			Relationship to you	When they came to Ireland
		Day	Month	Year		

10. Have you ever made an application for Refugee Status? If 'Yes', please answer questions 10(a) and 10(b) and give copies of all relevant documents from the Department of Justice and Equality.

YES NO

(a) Are you waiting for a decision on an application for Refugee Status?

YES NO

(b) Have you been granted Refugee Status or leave to remain in the State on other grounds?

YES NO

11. Please state where you lived in the Common Travel Area.

Ireland Great Britain Isle of Man Channel Islands

12. Have you lived at the same address for the last 2 years? If 'No', please give details of previous addresses:

YES NO

Last address

Previous address

From

From

To

To

For Official Department use only.

HRC satisfied HRC not satisfied HRC1 issued

PART 3

EMPLOYMENT DETAILS

13. Please state:

- Your last Employer's Name
- Address of employer
- Occupation
- Dates of Employment
FROM
TO
- Work pattern

	DAY	MTH YR
	DAY	MTH YR
I worked _____ hours per day		
I worked _____ days per week		

14. Why did your employment end?

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15. Did you get a P45?

YES NO
If 'YES', please attach to this claim form.

16. a) Did you get a redundancy payment?

If 'YES', please state:

• Amount

• Date received

YES NO

€

	DAY	MTH	YR
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b) Did you get redundancy form RP50?

YES NO
If 'YES', please attach to this claim form.

17. a) Have you had other employment in Ireland in the last 2 years?

If 'YES', please state:

• Name of employer

• Address of employer

YES NO

b) Have you had other employment in another EU country in the last 2 years?

If 'YES', please state:

• EU country

• Social Security No./European Number

YES NO

18. Is anyone claiming for YOU as a qualified adult on their Social Welfare payment?

If 'YES', please state:

• Type of payment

• Their name

• Weekly amount

• Their PPS number

YES NO

€

PART 4

DETAILS OF AVAILABILITY/WORK EFFORTS

19. Please state:

• Type of work you are looking for?

• Are you available for full-time work?

YES NO

• Are you looking for full-time work?

YES NO

• Number of hours work you would accept?

Hours per day

Days per week

• Would you accept any other type of work?

YES NO

If 'YES', give details:

• Where have you tried to get work? Please attach any documentary evidence.

20. Are you at present:

a) Self-Employed, including farming?

YES NO

b) Working Part-time?

YES NO

c) On a Community Employment Scheme?

YES NO

d) On a Solas or Local Employment Services course?

YES NO

If 'YES', to a, b, c, or d please state:

• Employer's Name

• Type of work you do

• Hours of work

• Amount of income/earnings

€ per week/month

21. Are you currently registered with any school, college or university?

YES NO

If 'YES', state:

• Name of college

• Course name

• Hours of attendance

• When will course end?

• What type of student are you registered as?

Do you intend to resume college education in the coming academic year?

YES NO

22. Are you getting or have you recently applied for any social welfare (including FIS)/social security payments from this Department, from any other EU member state, from another agency or from a private source such as a pension provider?

YES NO

If 'YES', please state:

• Type of payment

• Claim number

• Amount

€ per week

• Source of payment

• Country of payment

23. Do you wish to claim for a spouse, civil partner or cohabitant?

YES NO N/A

24. a) Is your spouse, civil partner or cohabitant in employment or self-employment including farming?

YES NO

If 'YES', please give details of their hours/days worked each week

Hours a day Days per week

b) Their gross weekly income

€ per week

c) Does he/she hold any (including joint) bank accounts, investments, property or capital?

YES NO

If 'YES' please provide details

Any other income?

€ per week

25. Is your spouse, civil partner or cohabitant on a:

a) Solas Course?

YES NO

b) Community Employment Scheme?

YES NO

c) Back to Work Scheme?

YES NO

d) Back to Education Allowance?

YES NO

e) Education and Training Board course?

YES NO

f) Other, please specify

If 'YES', to any of the above, please state:

• Type of course/scheme

• Start date

DAY MTH YR

• Amount of payment

€ per week

26. Is your spouse, civil partner or cohabitant 'signing' for or claiming:

a) Jobseeker's Benefit?

YES NO

b) Jobseeker's Allowance?

YES NO

c) 'Credits'?

YES NO

d) Any other Social Welfare payment? (apart from Child Benefit)

YES NO

If 'YES', please state:

• Type of payment(s)

• PPS number

FIGURES | LETTER(S)

27. Is your spouse, civil partner or cohabitant getting any social security payment from the UK or any other EU country?

YES NO

If 'YES', please state:

• Country of payment

• Type of payment

• Amount of payment

€ per week

• Address of issuing office

• Social security number

28. Is your spouse, civil partner or cohabitant getting any other income?

YES NO

If 'YES', please state:

• Source of income

€ per week

PART 6

QUALIFIED CHILD(REN) DETAILS

You cannot get paid for a child who is getting a Social Welfare payment in their own right or if a Guardian's payment is being paid for them

29a. Do you wish to claim for any child dependants?
 If 'YES', please complete questions 29b to 32.
 If 'NO', please proceed to question 33

YES NO

29b. Children under age 18:

LIST CHILDREN HERE, SHOWING ELDEST CHILD FIRST:

Child's First Name	Child's Surname	DATE OF BIRTH			Relationship to you	Does the child live with you?
		Day	Month	Year		

LIST ADDITIONAL CHILDREN ON A SEPARATE SHEET OF PAPER.

30. Children over age 18 and in full-time education (JA/JB claims over 156 days):

A written statement from the school or college should be attached for any child aged between 18 and 22 in full-time education.

Child's First Name	Child's Surname	DATE OF BIRTH			Relationship to you	Does the child live with you?
		Day	Month	Year		

31. In the case of child(ren) listed at 29b) and 30) above who are not living with you please state with whom the child(ren) live:

• Amount of maintenance paid by you or your spouse, civil partner or cohabitant (if any):

€ per week/month

32. Are any of the children getting a payment in their own right, or is a payment being made to another person on their behalf?

YES NO

PART 7

LATE CLAIMS

33. If you did not claim as soon as you became unemployed
 a) Do you wish to have your claim back-dated?

YES NO

b) If 'YES', please state the reason for delay here:

34. Do you wish to apply for optional Jobseeker's Allowance if you do not qualify for the full rate of Jobseeker's Benefit?

YES

NO

I hereby claim **Jobseekers Benefit/Allowance**. I declare that,

- a) I am unemployed and unable to get suitable full-time work
- b) I am capable of, available for and genuinely seeking work
- c) I have not claimed nor am I getting any other benefit, pension or allowance from any source apart from those shown in this form
- d) I will notify the Department if I get work.

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

YOUR SIGNATURE

(NOT block letters)

DATE

If you are not able to sign, your mark should be made and witnessed. The witness should sign below.

WITNESS SIGNATURE

DATE

ADDRESS OF
WITNESSNAME OF
WITNESS

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Please bring this completed application form to your local Intreo Centre, Social Welfare or Branch Office when you attend to make your claim.

The Department of Social Protection will shortly be issuing SMS text messages as a means of contacting you regarding your claim. We will need your mobile phone number to allow us to do this. Please see Part 1 for details and ensure you give us your mobile phone number and indicate if you wish to avail of this service.

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 protection 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.