



**Part 1 continued**

**Your own details**

**11. Are you?**

- Single
- Married
- Separated
- Divorced
- Widowed

- Cohabiting
- In a Civil Partnership
- A surviving Civil Partner
- A former Civil Partner  
(you were in a Civil Partnership that has since been dissolved)

**12. If married, in a civil partnership or cohabitating, from what date?**

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**13. Your nationality:**

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**Part 2**

**Your employment details**

**If you are or have been employed or self-employed please complete question 14 to 17.**

**14. Are you self-employed at present?**

- Yes
- No

**If 'Yes', please state:**

Your occupation:

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Dates of self-employment:

From:

--	--	--	--	--	--	--	--

To:

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D D M M Y Y Y Y

**15. Are you employed at present?**

- Yes
- No

**If 'Yes', please state:**

Your occupation:

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Your employers name:

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Dates of this employment:

From:

--	--	--	--	--	--	--	--

To:

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D D M M Y Y Y Y

**Please attach your P45 if available**

**16. Have you a rental or lease income from farm, land, property or investment income?**

- Yes
- No

**If 'Yes', please state:**

Amount:

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 a year



17. Please provide details of any previous employment in Ireland:

Employer's name, if applicable:

Dates you worked there:

From:

To:        
D D M M Y Y Y Y

Employer's name, if applicable:

Dates you worked there:

From:

To:        
D D M M Y Y Y Y

Employer's name, if applicable:

Dates you worked there:

From:

To:        
D D M M Y Y Y Y

Note: A separate sheet of paper can be used for more details if needed.

18. Please state from what year you wish to pay voluntary contributions:

D D M M Y Y Y Y

19. Do you wish to pay voluntary contributions on an on-going basis?

Yes  No

20. If you have ever lived or been employed outside the Republic of Ireland, please specify the details below.

Country 1

Country:

Dates you worked there:

From:

To:        
D D M M Y Y Y Y

Your social insurance number while there:



**Country 2**

Country:

Dates you worked there:

From:

To:

D D    M M    Y Y Y Y

Your social insurance number while there:

**Note: A separate sheet of paper can be used for more details if needed.**

**21. If you are getting or have applied for any payment(s) from this Department or from the Health Service Executive, please state:**

Name of payment:

Claim or reference number:

Date of first payment, if applicable:

D D    M M    Y Y Y Y

**Homemakers Scheme**

Since 6 April 1994, if you spent time caring for dependent child(ren) under age 12 or for an ill or disabled person, on a full-time basis, we will ignore the resulting gap in your record when working out the yearly average of PRSI contributions for your State Pension (Contributory).

For more information on Homemakers scheme, log on to [www.welfare.ie](http://www.welfare.ie), or contact:

**Homemakers**  
 McCarter's Road  
 Ardavan  
 Buncrana  
 Co Donegal

LoCall: 1890 690 690 (from the Republic of Ireland only) or  
 + 353 1 4715898 (from Northern Ireland or overseas)

**Send this completed application form to:**

**Client Eligibility Services**

Social Welfare Services  
 Government Offices  
 Cork Road  
 Waterford

LoCall: 1890 690 690 (from the Republic of Ireland only) or  
 + 353 1 4715898 (from Northern Ireland or overseas)

**Data Protection and Freedom of Information**

**Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at [www.welfare.ie/dataprotection](http://www.welfare.ie/dataprotection) or hard copy.**

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

