

EV

Volunteer Development Worker Scheme

- Please use BLOCK LETTERS
- Please use BLACK INK and complete all questions.
- If a question does not apply to you, please leave the answer area blank.
- For more information, log on to www.welfare.ie.

Part 1	Your own details			
1. Your PPS No.:				
2. Title: (insert an 'X' or specify)	Mr. Mrs. Ms. C	Other		
3. Surname:				
4. First name(s):				
5. Your date of birth:	D D M M Y Y Y Y			
Contact Details				
6. Your address:				
7. Your telephone number:				
	MOBILE			
	LANDLINE			
8. Your email address:				
	Declaration			
	I have given on this form is accurate. my means or circumstances change.			
	Date:	2 0 N M M Y Y Y Y		
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
9. Please state, your last er	nployer's:
Name:	
Address:	
Dates you worked there:	DDCL I
From	PRSI class:
To:	D D M M Y Y Y Y
10.Are you availing of a career break?	Yes No
If 'Yes', please state:	
From	:
To:	
	D D M M Y Y Y Y
Part 2	To be completed by sending agency
Part 2 11.Country of residence before departure?	To be completed by sending agency
11.Country of residence	To be completed by sending agency
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Part 2 continued

To be completed by sending agency

Signed by sending agency		
		Agency's official stamp
Signature (not block letters)		
Date:	2 0 Y Y Y Y	
Position in agency:		
Part 3	To be complete	d by Comhlámh
To be filled in by Comhlár Section, Social Welfare Se Exact dates of assignment	rvices, Government Offic	signment and sent to Special Collection ces, Cork Road, Waterford.
	D D M M	YYYY
	Signature (not block letters))
	Assignment 2	
	From:	
	To: D D M M	YYYY
	D D IN IN	1 1 1 1

Signature (not block letters)



For official use only

Information noted in Special Collect	ion Section for assignment 1.
	Date: 2 0
	D D M M Y Y Y Y
Signature (not block letters)	
Information noted in Special Collect	ion Section for assignment 2.
	Date: 2 0

Send this completed application form to:

Special Collection Section Social Welfare Services Government Offices Cork Road Waterford

Signature (not block letters)

LoCall: 1890 690 690 (from the Republic of Ireland only)

+353 1 47 15898 (from Northern Ireland or overseas)

Please remember to sign the declaration in Part 1. If you have any difficulty in filling in this form, please contact your local Social Welfare Office or Citizens Information Centre.

Data Protection and Freedom of Information

We, the Department of Social and Family Affairs, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

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

5K 12-09

Edition: December 2009

