Participant Change of Circumstances Form – EP1
For use with CE/TÚS/RSS/Gateway

<table>
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<tr>
<th>Participant name:</th>
<th>Participant PPSN:</th>
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<tbody>
<tr>
<td>Telephone/Mobile:</td>
<td>Email:</td>
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<th>Participant Address:</th>
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### Participant Civil Status Change

- [ ] Got Married/Entered Civil Partnership/Now cohabiting
- [ ] Got Divorced/Separated/Exit Civil Partnership/No longer cohabiting
- [ ] Death of Spouse/Civil Partner/Coabitant

### Adult Dependant Change of Circumstances (Spouse/Civil Partner/Coabitant)

- [ ] Found Employment/Self-employment/Increased Hours (attach recent wage slips, if available)
- [ ] Ceased work/Reduced hours
- [ ] Awarded DEASP payment in their own right
- [ ] No longer in receipt of a DEASP payment in their own right
- [ ] Imprisoned
- [ ] Absent from the State

### Child Dependant Change of Circumstances (No. of Children)

- [ ] Birth or Adoption of child/ren
- [ ] Death of child/ren
- [ ] Child dependant turned 18 (not in full-time education)
- [ ] Child dependant turned 22 (no longer in full-time, daytime education)
- [ ] Child 18-22 attending a course which includes paid work experience in excess of 6 months
- [ ] Child no longer residing with the participant/no longer resident in the State
- [ ] Child in children detention school
- [ ] Child in receipt of a DSP payment in their own right

### Other Income/Means Change

- [ ] Any other change of means not covered by the above that may affect your payment

(Please provide details on a separate page, e.g. maintenance payments, redundancy lump sum, rental income, capital (savings & investments), inheritance, property, farm income, occupational pensions, etc., child in receipt of a DSP payment in their own right.)

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 overpayment I received to the Department. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

Participant Signature: ____________________________ Date: __________

On completion, this form must be forwarded by the Supervisor to the relevant DEASP Employment Programme Officer.

DATA PROTECTION STATEMENT

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 or hard copy.