



## Employee Retention Grant Scheme Keeping People in Work

### Application Form Stage 1

Please refer to the **General Conditions** before completing this form

#### EMPLOYER DETAILS

Please type or complete this form in **BLOCK CAPITALS**

Company/Employer Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Tax No/VAT No: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Number of Employees (for statistical purposes only): \_\_\_\_\_

Nature of Business (for statistical purposes only): \_\_\_\_\_

Current Tax Clearance Certificate (Form TCC) No (please attach a copy) or Electronic Tax Clearance Access No (TCAN): \_\_\_\_\_

#### EMPLOYEE DETAILS

Name of Employee on whose behalf this application is made: \_\_\_\_\_

Employee's PPS No: \_\_\_\_\_

Date of commencement of employment with your company: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current role in the company: \_\_\_\_\_

Name of employee's line manager: \_\_\_\_\_

How many days has the employee been absent in the last 4 weeks as a result of injury/illness: \_\_\_\_\_

Date of notification of illness/condition/Impairment to employer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### QUALIFIED PROFESSIONAL OR EQUIVALENT SPECIALIST(S)

(as per definition in footnote on page 2 of 'General Conditions'. Give details of each specialist used in Stage 1. Use separate pages if necessary.)

Name of specialist: \_\_\_\_\_

Name of Organisation (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Current Tax Clearance Certificate (Form TCC) No (please attach a copy) or Electronic Tax Clearance Access No (TCAN): \_\_\_\_\_

Professional Qualifications held by Specialist (attach copies of certificates, diplomas, degrees):

\_\_\_\_\_  
\_\_\_\_\_

Professional memberships (attach copies/proofs of membership): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate whether membership is by examination/assessment or by application:

\_\_\_\_\_  
\_\_\_\_\_

## RETENTION STRATEGY

Elements of the Retention Strategy – Stage 1 – for which Funding is sought

Development of the Individualised Retention Strategy including:

Occupational Capacity Evaluation:

Cost€

\_\_\_\_\_

Workplace/Job Assessment:

\_\_\_\_\_

Development and writing of the individualised Retention Strategy:

\_\_\_\_\_

Other Costs (Please give details):

\_\_\_\_\_

Total cost of developing the Retention Strategy – Stage 1

\_\_\_\_\_

(a detailed costing *must* be attached)

When is the Retention Strategy due to start?

\_\_\_ / \_\_\_ / \_\_\_

We, the undersigned, have read and understood the General Conditions governing the Employee Retention Grant Scheme and agree to cooperate in the development of the Retention Strategy:

Employer/Nominee: \_\_\_\_\_

Employee: \_\_\_\_\_

Specialist(s): \_\_\_\_\_

Line Manager (if appropriate): \_\_\_\_\_

Union Representative/Advocate (where appropriate): \_\_\_\_\_

**CHECKLIST**

Please ensure that you have included the following with your application  
(Check ✓ as appropriate)

		DEASP Only
• References for Specialist(s) from two companies who have previously availed of their services	<input type="checkbox"/>	<input type="checkbox"/>
• Copies of Specialist(s) qualifications and professional memberships	<input type="checkbox"/>	<input type="checkbox"/>
• Current Tax Clearance Certificate/TCAN for your company	<input type="checkbox"/>	<input type="checkbox"/>
• Current Tax Clearance Certificate/TCAN for Specialist(s) and their employers	<input type="checkbox"/>	<input type="checkbox"/>
• Each of the participants has signed this Application Form	<input type="checkbox"/>	<input type="checkbox"/>

**FOR OFFICIAL USE ONLY**

**RECOMMENDED FOR APPROVAL BY DEASP CASE OFFICER**

Yes ☐ No ☐

Name of Case Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**APPROVED BY DEASP ASSISTANT PRINCIPAL**

Yes ☐ No ☐

Name of Assistant Principal: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_