



An Roinn Gnóthaí Fostaíochta
agus Coimírce Sóisialaí
Department of Employment Affairs
and Social Protection

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)

- | | | |
|---|---|---|
| | | DEA
SP
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"/> |

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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: ____ / ____ / ____