



## Employee Retention Grant Scheme Keeping People in Work

### Application Form Stage 2

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: \_\_\_\_\_

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

#### EMPLOYEE DETAILS (AS PER STAGE 1 APPLICATION)

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

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

#### IMPLEMENTATION OF RETENTION STRATEGY

Elements of the Retention Strategy (Stage 2) for which funding is sought:	Estimated Cost €
<b>Job Coach:</b> Estimated number of hours of support: _____	<input type="text"/>
<b>Specialist (External) Co-ordination:</b> Estimated number of hours of support: _____	<input type="text"/>
<b>Training/re-training:</b> (Details to be included in retention strategy)	<input type="text"/>
<b>Other Costs:</b> Please specify _____	<input type="text"/>
<b>Total estimated cost of implementing the Retention Strategy (Stage 2):</b> (A detailed costing must be attached)	<input type="text"/>
<b>Date on which the Implementation of the Retention Strategy is due to commence:</b>	____ / ____ / ____

**QUALIFIED PROFESSIONAL OR EQUIVALENT SPECIALIST(S)**  
**(if different from Stage 1)**

(as per definition in footnote on page 2 of 'General Conditions'. Give details of each specialist/Job Coach to be used in Stage 2. 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:**

\_\_\_\_\_

\_\_\_\_\_

**We, the undersigned, agree to co-operate in the implementation of the Retention Strategy which was submitted when claiming for Stage 1 funding:**

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

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

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

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

**Union Representative/Advocate** (if appropriate): \_\_\_\_\_

**Do you intend to apply for any of the following DEASP employment supports on behalf of the named employee?**

**Workplace/Equipment Adaptation Grant** ☐

**Personal Reader Grant** ☐

Amended: 27/1/16 (Final version)

## 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 Employer(s) if not previously submitted | <input type="checkbox"/> | <input type="checkbox"/> |
| • Three quotes from appropriate Specialists/Job Coaches where the amount payable exceeds €5,000              | <input type="checkbox"/> | <input type="checkbox"/> |
| • A written rationale for the selection, if other than the lowest quote is selected                          | <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 DEASP Case Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**APPROVED BY DEASP ASSISTANT PRINCIPAL**

Yes ☐ No ☐

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

Signature: \_\_\_\_\_

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