



Application form for self-employed people under the Back to Work Enterprise Allowance

How to complete this application form.

Important: You **must** have your business approved by your Local Integrated Company or a Facilitator from this Department **before** you start self-employment. If your application is successful, you **must** register as self-employed with Revenue.

- Please use this page as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions** that apply to you. If a question does not apply to you, please leave the answer area blank.
- You need a Personal Public Service Number (PPS No.) before you apply.

If you do not have a spouse, civil partner or cohabitant fill in **Parts 1, 2, 3, 4 and 5** as they apply to you. When form is completed, sign declaration in **Part 1**.

If you have a spouse, civil partner or cohabitant fill in **Parts 1, 2, 3, 4, 5 and 6** as they apply to you. When form is completed, sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Social Welfare Office or Citizens Information Centre.

For more information, log on to **www.welfare.ie**.

How to fill in first page of this form

To assist us in processing your claim:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T												
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other													
3. Surname:	M	U	R	P	H	Y														
4. First name(s):	M	A	U	R	E	E	N													
5. Your first name as it appears on your birth certificate:	M	A	R	Y																
6. Birth surname:	M	C	D	E	R	M	O	T	T											
7. Your mother's birth surname:	K	E	L	L	Y															
8. Your date of birth:	2	8		0	2		1	9	7	0										
	D	D		M	M		Y	Y	Y	Y										

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T									
	O	L	D				T	O	W	N											
	C	O					D	O	N	E	G	A	L								
10. Your telephone number:	0	1	7	0	4	3	0	0	0												
	LANDLINE																				
	0	8	6	1	2	3	4	5	6	7											
	MOBILE																				
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E			

SAMPLE

Application form for self-employed people under the Back to Work Enterprise Allowance

Part 1

Your own details

1. Your PPS No.:

2. Title: (insert an 'X' or specify) Mr. Mrs. Ms. Other

3. Surname:

4. First name(s):

5. Your first name as it appears on your birth certificate:

6. Birth surname:

7. Your mother's birth surname:

8. Your date of birth:
 D D M M Y Y Y Y

Contact Details

9. Your address:

10. Your telephone number:

MOBILE
 LANDLINE

11. Your email address:

Declaration

I declare that all the information I have given on this form is accurate. I will tell the Department when my means or circumstances change. If I cease being self employed or leave the country I will notify the Department as soon as possible.

Signature (not block letters)

Date:
 D D M M Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.



12. Have you received a Back to Work Allowance or Back to Work Enterprise Allowance before?

Yes No

If 'Yes', please give details.

13. What type of social welfare payment are you getting?

Name of payment:

Amount:

€ , . a week

14. If you are getting Jobseeker's Benefit or Jobseeker's Allowance, please state:

When you last signed on:

D D M M Y Y Y Y

15. Are you taking or have you taken part in any of the following courses or schemes?

Type of course or scheme	If 'Yes' (X)	Date you started course or scheme			Date you finished course or scheme		
Full-time FÁS training course	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
Fáilte Ireland training course	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
Community Employment	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
Community Services Programme	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
Social Economy Programme	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
Tús	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
Rural Social Scheme	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
Fastrack to Information Technology (FIT)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
Back to Education Allowance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
Vocational Training Opportunities Scheme (VTOS)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y

• You must give evidence that you have taken part in any of these courses or schemes when you send in your application.



Part 3

Your payment details

If you qualify you can get your payment direct to your current, deposit or savings account in a financial institution. Please complete your details below.

Financial Institution

You will get the following details printed on statements from your financial institution.

Name of financial institution:

Sort code:

Account number:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Part 4

Details of your qualified child(ren)

16. How many children do you wish to claim for?

under age 18

age 18 - 22 in full-time education

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child's:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:



17. What does your business or project involve?

18. Have you any relevant training or work experience?

Yes No

If 'Yes', please give details of training or work experience:

19. When do you propose to start your business or project?

D	D	M	M	Y	Y	Y	Y

20. Have you a detailed business plan for your business?

Yes No

21. Do you intend to employ people in your business or project?

Yes No

If 'Yes', please give details:

(You may qualify for a grant for taking on new employees)

22. Have you applied for or received any financial support from other sources for any part of this business or project?

Yes No

If 'Yes', please state:

Agency or organisation 1

Name of agency or organisation:

Amount you got (if not received, amount applied for):

€ , .

Purpose:



Agency or organisation 2

Name of agency or organisation:

Grid for agency name

Amount you got (if not received, amount applied for):

€ [] [] [] , [] [] [] . [] [] []

Purpose:

Large text box for purpose

Agency or organisation 3

Name of agency or organisation:

Grid for agency name

Amount you got (if not received, amount applied for):

€ [] [] [] , [] [] [] . [] [] []

Purpose:

Large text box for purpose

23. Give details of cost as follows:

Start-up costs:

€ [] [] [] , [] [] [] . [] [] []

List your own resources invested and any loans or grants you have received or applied for:

Large text box for resources

24. Have you registered as self-employed with Revenue?

Yes No

Back to Work Enterprise Allowance Conditions

You must tell us at the Department of Social Protection if:

- you, or any person for whom payment is included in your Allowance, dies, leaves the country, takes up a FÁS course, becomes entitled to a social welfare payment or is detained in legal custody,
• you are no longer self-employed or you take up employment.



Return this completed application form as follows:

If you live in:

- a Partnership area
- a non-Partnership area

Send your application to:

- your local Integrated Development Company
- your local Social Welfare Office

For official use only

Recommendation: To be completed by the Enterprise Officer or Facilitator

- | | | | |
|--|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Project approved | Business plan attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Registered with Revenue | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Copy of registration form STR1 attached. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Project not approved

Give reason(s)

Signature (not block letters)

Date:

D D

M M

Y Y Y Y

Official Stamp



For official Departmental use only

To be completed at local Social Welfare Office where the applicant is getting Jobseeker's Allowance, Jobseeker's Benefit or Pre-Retirement Allowance.

Jobseeker's Claim Commenced:

JA personal rate	€
Qualified adult rate	€
QC rate	€
Less means	€
JA weekly total	€

Overpayment Details

Original amount	€
Deductions	€
Balance	€

Date of cessation:

LT days	
ST JA	
LT JA	
JB + JA	
QCI contd. pyt.	

Casual signer? Yes No

Free fuel entitlement? Yes No

Amount	€
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Signed:

Date:

LO or BEO No.





Data Protection and Freedom of Information

We, the Department of Social Protection, 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.

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