



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

How to complete application form for Back to Work Enterprise Allowance.

Important: You **must** have your business approved by your Partnership 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 **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Log on to **www.welfare.ie** for more information.
- Please tear off this page and use as a guide to filling in this form.
- 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. Log on to **www.welfare.ie** for more information.

If you do not have a spouse or partner 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 or partner 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.

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 PPSNo.:	1	2	3	4	5	6	7	T											
2. Title: (insert an 'X' or specify)	Mr.		Mrs.	X	Ms.		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.: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Title: (insert an 'X' or specify) | Mr. <input type="text"/> | Mrs. <input type="text"/> | Ms. <input type="text"/> | Other | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Surname: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. First name(s): | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Your first name as it appears on your birth certificate: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. Birth surname: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. Your mother's birth surname: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. Your date of birth: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | D | D | M | M | Y | Y | Y | Y |

Contact Details

- [illegible]

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.

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Signature (not block letters)

Date:

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D D

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M M

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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			
FÁS training course	<input type="checkbox"/>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>		
Fáilte Ireland training course	<input type="checkbox"/>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>		
Community Employment	<input type="checkbox"/>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>		
Community Services Programme	<input type="checkbox"/>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>		
Social Economy Programme	<input type="checkbox"/>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>		
Job Initiative	<input type="checkbox"/>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>		
Rural Social Scheme	<input type="checkbox"/>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>		
Fastrack to Information Technology (FIT)	<input type="checkbox"/>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>		
Back to Education Allowance	<input type="checkbox"/>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>		
Vocational Training Opportunities Scheme (VTOS)	<input type="checkbox"/>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>	<div><div></div><div></div></div> <div>D D</div>	<div><div></div><div></div></div> <div>M M</div>	<div><div></div><div></div><div></div><div></div></div> <div>Y Y Y Y</div>		

• 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

You 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):

PPSNo.:

Surname:

First name(s):

PPSNo.:

Surname:

First name(s):

PPSNo.:

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.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)

21.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):

€

,

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Purpose:

Agency or organisation 2

Name of agency or organisation:

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

€

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Purpose:

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Agency or organisation 3

Name of agency or organisation:

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

€

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Purpose:

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22. Give details of cost as follows:

Start-up costs:

€

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

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23. 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 and Family Affairs 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.

Part 6

Your spouse's or partner's details

24.Their PPS No.:

--	--	--	--	--	--	--	--	--

25. Title: (insert an 'X' or specify)

7

7

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26.Their surname:

[illegible]

27. Their first name(s):

[illegible]

28.Their birth surname:

[illegible]

Return this completed application form as follows:

If you live in:

- a Partnership area
- a non-Partnership area

Send your application to:

- your local Partnership 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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	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 €

Signed:

Date:

LO or BEO No.

Data Protection and Freedom of Information

We, the Department of Social and Family Affairs, 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.