



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

What is Back to Work Enterprise Allowance?

The Back to Work Enterprise Allowance is an incentive for people who are in receipt of a qualifying social welfare payment to develop a business while allowing them to retain a reducing proportion of their qualifying social welfare payment over two years.

How do I qualify?

To get Back to Work Enterprise Allowance (BTWEA) you must be:

- In receipt of a qualifying payment for nine months continuously immediately prior to taking up BTWEA;
- Under 66 years of age; **and**
- Setting up a new enterprise.

What do I need to complete this application form?

You will need your Personal Public Service (PPS) Number along with information on:

- Where you live;
- Your children;
- Your relationship status; **and**
- Where you want your payment to issue.

How to complete this application form?

- Use this page as a guide to filling in this form. There is an example on the back.
- Use BLACK ballpoint pen.
- Use BLOCK LETTERS and place an X in the relevant boxes.
- Answer all questions that apply to you.
- Fill in Parts 1-6 as they apply to you and your household.
- Sign the declaration in Part 1.

How do I apply?

Send this completed form to a Case Officer at your local Intreo Centre. You can find the name and address of your local Intreo Centre by visiting www.gov.ie/intreo

Where can I get more information?

For more information on Back to Work Enterprise Allowance visit www.gov.ie/BTWEA

The European Commission is providing co-funding to this scheme for participants under 25 years. The scheme is being backed jointly by the Youth Employment Initiative (YEI), the European Social Fund (ESF) and the Department of Social Protection on an equal funding basis. You may be contacted by the department or its agents for follow up questions as part of the ESF/YEI.

How to fill in this form

To help us to process your application write letters and numbers clearly and use one box for each. Please see examples below.

1. Your PPS Number:

1	2	3	4	5	6	7	T		
---	---	---	---	---	---	---	---	--	--

2. Title, insert an **X** or specify: Mr

Mrs

Ms

Other

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

3. Surname:

M	U	R	P	H	Y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. First names:

M	A	U	R	E	E	N													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

M	A	R	Y																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Birth surname:

M	C	D	E	R	M	O	T	T											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

6. Your date of birth:

2	8
---	---

D D

0	2
---	---

M M

1	9	7	0
---	---	---	---

Y Y Y Y

Contact Details

7. Your address:

1		N	E	W		S	T	R	E	E	T								
---	--	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--

O	L	D		T	O	W	N												
---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

D	O	N	E	G	A	L		T	O	W	N								
---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--

County

D	O	N	E	G	A	L	
---	---	---	---	---	---	---	--

Eircode

F	9	4	T	C	0	3
---	---	---	---	---	---	---

8. Your mobile number:

0	8	8	1	2	3	4	5	6	7										
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

9. Your email address:

M	M	A	U	R	E	E	N	@	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 Number: [] [] [] [] [] [] [] [] [] []
2. Title, insert an **X** or specify: Mr Mrs Ms Other [] [] [] [] [] []
3. Surname: []
4. First names: []
5. Birth surname: []
6. Your date of birth: []
- D D M M Y Y Y Y

Contact Details

7. Your address: []
- []
- []
- County [] [] [] [] [] [] [] [] [] [] Eircode [] [] [] [] [] [] [] [] [] []
8. Your mobile number: []
9. Your email address: []
- []

Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the department and that I may be prosecuted. I undertake to immediately advise the department of any change in my circumstances which may affect my continued entitlement. If I cease being self employed or leave the country I will notify the department as soon as possible.

Date:

[] [] [] [] [] [] [] []

D D M M Y Y Y Y

Signature, **not** block letters.

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

Part 2

Your own details

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

Yes No

If **yes**, please give details.

--

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

Name of payment:

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

Weekly amount:

€ , .

12. 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

13. Are you taking or have you taken part in any of the following courses or schemes listed below? If so please provide evidence when you send in your application.

Type of course or scheme	If Yes X	Date you started course or scheme				Date you finished course or scheme			
Full-time SOLAS training course	<input type="checkbox"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
		D D	M M	Y Y Y Y	D D	M M	Y Y Y Y	Y Y Y Y	Y Y Y Y
Fáilte Ireland training course	<input type="checkbox"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
		D D	M M	Y Y Y Y	D D	M M	Y Y Y Y	Y Y Y Y	Y Y Y Y
Community Employment	<input type="checkbox"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
		D D	M M	Y Y Y Y	D D	M M	Y Y Y Y	Y Y Y Y	Y Y Y Y
Community Services Programme	<input type="checkbox"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
		D D	M M	Y Y Y Y	D D	M M	Y Y Y Y	Y Y Y Y	Y Y Y Y
Social Economy Programme	<input type="checkbox"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
		D D	M M	Y Y Y Y	D D	M M	Y Y Y Y	Y Y Y Y	Y Y Y Y
Tús	<input type="checkbox"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
		D D	M M	Y Y Y Y	D D	M M	Y Y Y Y	Y Y Y Y	Y Y Y Y
Rural Social Scheme	<input type="checkbox"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
		D D	M M	Y Y Y Y	D D	M M	Y Y Y Y	Y Y Y Y	Y Y Y Y
Fastrack to Information Technology (FIT)	<input type="checkbox"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
		D D	M M	Y Y Y Y	D D	M M	Y Y Y Y	Y Y Y Y	Y Y Y Y
Back to Education Allowance	<input type="checkbox"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
		D D	M M	Y Y Y Y	D D	M M	Y Y Y Y	Y Y Y Y	Y Y Y Y
Vocational Training Opportunities Scheme (VTOS)	<input type="checkbox"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
		D D	M M	Y Y Y Y	D D	M M	Y Y Y Y	Y Y Y Y	Y Y Y Y

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 can get the details requested below from statements from your financial institution.

Name of financial institution:

Sort code:

Account number:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Names of account holders:

Name 1:

Name 2, if any:

Part 4

Details of your qualified children

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

under 18 years of age

18 - 22 years of age in full-time education

You must attach written confirmation from the school or college for the children 18 - 22 years of age

Please state child's:

Surname:

First names:

PPS Number:

Surname:

First names:

PPS Number:

Surname:

First names:

PPS Number:

Part 5

Details of self-employment project

15. What does your business or project involve?

--

16. Have you any relevant training or work experience?

Yes No

If **yes**, please give details of training or work experience:

--

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

D	D	M	M	Y	Y	Y	Y

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

Yes No

19. 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

20. 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:

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

€

--	--	--

,

--	--	--

 .

--	--

Purpose:

Agency or organisation 3

Name of agency or organisation:

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

€

--	--	--

,

--	--	--

 .

--	--

Purpose:

21. 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:

22. Have you registered as self-employed with the Revenue Commissioners?

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 SOLAS course, becomes entitled to a social welfare payment or is detained in legal custody, **or**
- 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 Intreo Centre or Social Welfare Office

The name and address of your local Intreo Centre or Social Welfare Office can be found by visiting www.gov.ie/intreo

For official use only

Recommendation: To be completed by the Enterprise Officer or Case Officer

- | | | | |
|---|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Project approved | Business plan attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Registered with the Revenue Commissioners | <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 reasons

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	2	0
		Y	Y	Y	Y

Official stamp

For official departmental use only

To be completed at local Intreo Centre or 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 Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments or benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or as a hard copy

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.