



COMMUNITY EMPLOYMENT ELIGIBILITY FORM

VACANCY NUMBER: _____

To be completed and submitted to your local Community Development Officer for consideration before an applicant can be approved to participate on a Community Employment scheme

PART 1: APPLICANT WISHING TO PARTICIPATE ON A COMMUNITY EMPLOYMENT PROGRAMME

Applicant Name: (BLOCK CAPITALS): _____ Male Female

PPSN: _____ DEASP Payment Y N If 'Y' Type of payment _____

Contact Phone No: _____ Date of Birth: _____

Are you availing of supported childcare places (CEC) Y N If 'Y' Please state the number of places in Pre-school After school

Address: _____

I am aware that if I am attending JobPath that the funding of my placement is subject to continued participation with the JobPath provider

I undertake to advise the Department of any change in my circumstance that may impact on my payment from my employment.

DATA PROTECTION STATEMENT

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data policy is available at www.welfare.ie/dataprotection or in hard copy.

Applicant Signature: _____ Date: _____

PART 2: TO BE COMPLETED BY COMMUNITY EMPLOYMENT SPONSORING COMPANY

Sponsoring Company Name: _____ DEASP Reference No: _____

Postal Address: _____

Job Title: _____ Job Description _____

Proposed Start Date: _____ Proposed End Date _____

Sponsor/Company Director Name (BLOCK CAPITALS): _____

Sponsor/Company Director Signature: _____ Date: _____

If Garda vetting is required for this post, can you confirm that it has been obtained by placing a tick in this box

PART 3: TO BE COMPLETED BY DEASP COMMUNITY SERVICES

ELIGIBLE NOT ELIGIBLE (if the applicant is not eligible, please do not complete rate of pay information)

JOBPATH: YES NO

PARTICIPANTS START DATE: _____ FINISH DATE: _____

Rate of Pay € _____
CE Allowance € 22.50
Island Allowance € _____ (if applicable)
Living Alone Allowance € _____ (if applicable)
Free Fuel € _____ (if applicable)

Does the payment above include a payment in respect of:
Adult Dependant Yes/No _____
Number full rate children _____ Number half rate children _____

Signed: _____ Date: _____

Higher Executive Officer

Contact Phone Number _____

