



Application form for Back to Work Family Dividend Scheme

You need a Personal Public Service Number (PPS No.) before you apply.

How to complete this application form.

- 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.

Note:

If you are in employment of 19 hours or more per week, you may be entitled to Family Income Supplement (FIS). Please check our website www.welfare.ie for information on the FIS scheme.

Applicant:

Fill in **Parts 1 to 6** as they apply to you.

When form is completed, sign declaration in **Part 1**.

If you are self-employed be sure to attach your self-employment registration certificate from the Office of the Revenue Commissioners.

Employer:

If you are an **employer** for the applicant fill in **Part 7**. Please make sure you sign and stamp this part of the form.

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

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

How to fill this form

To help us in processing your application:

- 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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. Your date of birth:	2	8	0	2	1	9	7	0											
	D	D	M	M	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												
Post Code																			
8. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	MOBILE																		
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	LANDLINE																		
9. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R		
	B	O	X																

SAMPLE

12. Have you received a Back to Work Family Dividend payment before?

Yes No

If 'Yes', please give details:

13. What is the most recent type of social welfare payment (excluding Child Benefit or Family Income Supplement) you have been getting?

Name of payment:

Amount: € , . a week

14. Have you just left 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		
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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	D D	M M	Y Y Y Y
Full-time SOLAS / ETB training course	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
JobBridge	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Community Employment (CE)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gateway	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Rural Social Scheme	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TÚS	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Work Placement Programme	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Back to Education Allowance	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Momentum	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Vocational Training Opportunities Scheme (VTOS)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part 5

Your payment details

Please provide your current, deposit or savings account details for payment.
The account must be in your name or jointly held by you.

Financial Institution

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

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):
Name 1:

Name 2 (if any):

Part 6

Details of your qualified child(ren)

15. How many dependant children do you have?

under age 18

age 18 - 22 in full-time education

Please state child's:

Child 1

Surname:

First name(s):

PPS No.:

Child 2

Surname:

First name(s):

PPS No.:

Child 3

Surname:

First name(s):

PPS No.:

Child 4

Surname:

First name(s):

PPS No.:

This part must **ONLY** be completed by your employer

I certify that the person named below is employed by me.

First name:

Surname:

PPS No.:

Date employment started:
D D M M Y Y Y Y

Job title:

Signed by or for employer

Signature (not block letters)

Position in company or organisation

Employer's official stamp

Date:
D D M M Y Y Y Y

Employer's address

Employer's registered number:

Employer's telephone number: MOBILE
 LANDLINE

Employer's email address:

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

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

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

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Weekly rate of payment before BTWFD: € , . a week

Number of children paid on claim:

Overall amount of BTWFD payable: € , .

Signature of Deciding Officer (not block letters)

Date:

D D M M Y Y Y Y

Official stamp

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