



# 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 my employer of any change in my circumstance that may impact on my payment. ☐

### 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](http://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: \_\_\_\_\_

## 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 \_\_\_\_\_

**DEASP**  
Community Services Stamp