



# Application form for Adoptive Benefit

## How to complete application form for Adoptive Benefit.

- Please tear off this page and use 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.
- You need a Personal Public Service Number (PPS No.) before you apply.

### Employee:

If you are an **employee** fill in **Parts 1, 2, 3, 4, 5, 6 and 7** as they apply to you. When form is completed, read **Part 9** and sign declaration in **Part 1**.

### Self-employed:

If you are **self-employed** fill in **Parts 1, 2, 3, 4, 5, 6 and 7** as they apply to you. When form is completed, read **Part 9** and sign declaration in **Part 1**.

### Employer:

If you are an **employer** fill in **Part 8**. 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 Social Welfare Office or Citizens Information Centre.

For more information, log on to **[www.welfare.ie](http://www.welfare.ie)**.

### Important:

Submit this form at least 6 weeks (12 weeks if self-employed) before you intend to start adoptive leave.

You could lose benefit if you do not apply within **6 months** of the date the child is placed with you.

Adoptive Benefit is only payable from the date of placement of the child with you.

## How to fill in first page of 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													
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	8	6	1	2	3	4	5	6	7											
	MOBILE																				
	0	1	7	0	4	3	0	0	0												
	LANDLINE																				
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E			

# SAMPLE





Employer's telephone number:


MOBILE

LANDLINE

Job title:

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

17. If you started work for the first time within the last 3 years, when did you start?

D	D	M	M	Y	Y	Y	Y

18. Are you related to your employer?

Yes  No

If 'Yes', how are you related to them?

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

If you are an employee your employer(s) must complete Part 8.

19. If you are getting a pension or allowance from another country, please state:

Name of country:

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

Your claim or reference number:

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

Amount:

€  ,    .   a week

20. If you are getting or have applied for any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

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

Amount:

€  ,    .   a week

Name of payment:

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

Amount:

€  ,    .   a week

21. Have you 'signed' for Jobseeker's Benefit or Allowance or for 'credits' during the last 2 years?

Yes  No

If you have received any social welfare payments other than Child Benefit in the last 2 years, you may be entitled to credited contributions ('credits') to help you qualify for Adoptive Benefit.

22. If you have ever lived or been employed in another EU country, please specify the details below.

Country:

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

Employer's name:

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

Employer's address:


Your social insurance number while there:

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

Continued overleaf →



Dates you worked there: From:

To:

D D      M M      Y Y Y Y

Type of work:

**Note: A separate sheet of paper can be used for more details if needed.**

23. Are you or have you ever been self-employed?  Yes  No

If 'No', please go to Part 3.

If 'Yes', please complete fully the remainder of this section.

Your occupation:

Date you started self-employment:

D D      M M      Y Y Y Y

If you are no longer self-employed, when were you last self-employed?

D D      M M      Y Y Y Y

If you recently started self-employment, please send confirmation of registration from Revenue.

**Please state your:**

Business name:

Business address:

Your business telephone number:

MOBILE

LANDLINE

Your business registration number:

24. When do you intend to start adoptive leave?

D D      M M      Y Y Y Y

25. Date you intend to return to self-employment after your adoptive leave?

D D      M M      Y Y Y Y

26. Is your company a limited company?  Yes  No

If 'Yes', attach a copy of your P35 for the appropriate year(s).

27. Are you a sole trader?  Yes  No

If 'Yes', attach a Notice of Assessment of Tax for the appropriate tax year(s).

**Remember to send in the relevant certificates and documents with this application.**



You can get your payment direct to your current, deposit or savings account in a financial institution or directly to your employer. Please complete one option 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):

OR

If you want us to make your payment to your employer, please sign below.

I authorise the Department of Social Protection to pay my Adoptive Benefit to my employer's bank or building society account.

Signature (not block letters)











TO BE COMPLETED BY EMPLOYERS ONLY

Your employee must give you at least 4 weeks notice of their intended adoptive leave. You can forecast your employee's PRSI contributions up to the date they are due to start adoptive leave

46. What is your employee's full name?

47. Please confirm their PPS No?

48. Please give details of your employee's PRSI record for the 12 month period immediately before their adoptive leave starts.

Period of employment: From:       Number of weeks:  PRSI class:   
 To:            
 D D M M Y Y Y Y

If your employee has more than one class of PRSI (for example, if their PRSI changed from Class A to Class J), please give details.

Period of employment: From:       Number of weeks:  PRSI class:   
 To:            
 D D M M Y Y Y Y

49. If your employee is entitled to adoptive leave, please give full details of their leave dates.

From:        
 To:        
 D D M M Y Y Y Y

I/We certify that the employee is entitled to the period of adoptive leave stated above.

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 registered number:

Employer's telephone number:

MOBILE

LANDLINE

Employer's email address:



**Has your employer completed Part 8?****Have you enclosed the following?**

- A copy of the certificate of placement or a copy of the declaration of suitability.
- Letter from school or college (if you have child(ren) aged between 18 and 22 who are in full-time education).
- Your P45 (if applicable).

**If you are self-employed (if applicable):**

- Your P35.
- Notice of Assessment of Tax.

**In respect of your Spouse/Partner (if applicable):**

- If employed – their 6 most recent payslips.
- If self-employed – their Notice of Assessment of Tax.

**If married outside the Republic of Ireland:**

- A verified copy of your marriage certificate\*

\* to have verified, please bring to any Garda Station or office of the Department of Social Protection.

**You should note that your claim for Adoptive Benefit cannot be processed until we receive the documentation indicated above.**

**Please remember to sign the declaration in Part 1.**

Send this completed application form to:

**Adoptive Benefit Section**

FREEPOST

Department of Social Protection

Inner Relief Road

Ardarvan

Buncrana

Co. Donegal.

LoCall: 1890 690 690 (from the Republic of Ireland only)

Telephone: + 353 1 4715898 (from Northern Ireland or overseas)

**Note**

**The rates charged for using 1890 (LoCall) numbers may vary among different service providers.**

**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 and Freedom of Information**

**We, the Department of Social Protection, 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.

