Application form for

Health and Safety Benefit



How to complete application form for Health and Safety 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, 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, 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 4**. Please make sure you sign and stamp this part of the form.

Doctor:

Please fill in **Part 8** of the form. 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.

Important:

If you do not submit this form within 6 months of becoming eligible you could lose benefit.

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.			Mrs	s. [X		Ms				C	Othe	er				
3.	Surname:	M	U	R	P	Н	Y											
4.	First name(s):	M	Α	U	R	E	E	N										
5.	Your first name as it appears on your birth certificate:	M	A	R	Y													
6.	Birth surname:	M	С	D	Ε	R	M	0	T	T								
7.	Your mother's birth surname:	K	Ε	L	L	Y												
8.	Your date of birth:	2 D	8 D		0	2 M		1 Y	9 Y	7 Y	0							
					Co	nt	act	D	eta	ils								
_	V	4		NI	_	34/		_	_	-		_	-					

9. Your address:	1		N	Ε	W		S	T	R	Ε	Ε	T				
	0	L	D		Т	0	W	N								
	С	0		D	0	N	Ε	G	Α	L						
10.Your telephone number:	0	8	6	1	2	3	4	5	6	7						

M () B	ΙL	E								
0	1	7	0	4	3	0	0	0			

LANDLINE

11. Your email address:



Application form for

Health and Safety Benefit

Part 1	Your own details	
1. Your PPS No.:		
2. Title: (insert an 'X' or specify)	Mr. Mrs. Ms. Other	
3. Surname:		
4. First name(s):		
5. Your first name as it appears on your birth certificate:		
6. Birth surname:		7
7. Your mother's birth surname:		
8. Your date of birth:	D D M M Y Y Y Y	
	Contact Details	
9. Your address:		
10. Your telephone number:	MOBILE	
	LANDLINE	
11.Your email address:		
	Declaration	
	n I have given on this form is accurate. my means or circumstances change.	

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.

Date:



Part 1 continued	You	ır ov	vn (deta	ils												
12.Are you?	Sing Mar	gle rried			Vido Coha					Rem Sepa					D	ivor	rced
13.If married, please state date of marriage:	D D	M	M	Y	Y	Υ	Y										
14.If not married but cohabiting, from what date?	D D	M	I M	Y	Y	Υ	Υ										
Part 2	You	ır w	ork	and	cla	ain	n c	leta	ail	S							
15. Are you employed at present? You are 'employed' when yo	Yes		othe	No r pers	on o	r co	mp	any	and	you	ı ge	et pa	aid	for	this	wo	rk.
If yes, please state:																	
Employer's name:																	
Employer's address:																	
Employer's telephone number:												M	OB	ILE			
												LA	ANE	OLIN	NE		
Job title:																	
Gross weekly earnings: €					a	wee	k										
, ,	'Gross I	pay' is	your	pay b	efor	e ta	x, P	RSI,	uni	on c	due	s oı	r o t	her	ded	luct	ions
Is your employment full- time or part-time?	Fu	II-Tim	e [Pa	t-Ti	me											
16. When do you intend to start health and safety leave?	D D	M	l M	Y	Y	Υ	Υ										
17.If you started work for the first time within the last 3 years, when did you start?	D D	M	l M	Y	Υ	Υ	Y										
18. Are you related to your employer?	Yes	5		No													
If 'Yes', how are you related																	
to them?	If you a	are an	emp	loyee	you	ır eı	mpl	oye	r(s)	mu	st o	com	ıple	ete	Part	t 4.	



Part 2		Y	οι	ır '	wo	rk	aı	nd	cl	air	n c	let	ail	S							
19.Do you currently have more than one employment? Please note that if you ha A photocopy of Part 4 or				han			nplo								: co	mpl	ete	Par	t 4.		
20.If you are getting or have Service Executive, please				for	any	, pa	ym	ent	(s)	fror	n tł	nis [Эер	artı	ner	nt o	r fr	om	the	He	alth
Name of payment:																					
Your claim or reference number:																					
Amount:	€[,			_			a	wee	ek										
21.If you are getting a pens	sion	or	alle	owa	nce	e fro	om	ano	the	er co	oun	try,	ple	ase	sta	ite:					
Name of country:																					
Your claim or reference number:																					
	€ [,						a	wee	ek			•							
If you have received any s you may be entitled to cre Safety Benefit.				are			_ nts :													,	
23.If you have ever lived or below.	be	en	em	plo	yed	in	ano	the	r E	U co	oun	try,	ple	ase	spo	ecif	y th	ie d	eta	ils	
Country:																					
Employer's name:																					
Employer's address:																					
Your social insurance number while there: Dates you worked there:																					
From	n: [
To:																					
	_	D	D		M	M		Y	Y	Y	Y										
Type of work:																					
Note: A separate sheet of	of r	nand	er (an	he i	use	d fo	or m	ore	- de	tail	s if	nee	de	1.						

Your payment details

You can get payment direct to your current, deposit or savings account in a financial institution.

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):																				
Part 4	E	m	pl	oy	er′	s i	nf	ori	na	tic	n									
 Please make sure you SIGN a If your employee has been wand Safety leave, please forward 	orki	ing	for	you	for	les	s th	an 1	2 m	non				the	staı	rt of	he	r He	ealth	1
24. What is your employee's full name?							_				1									
25.Please confirm her PPS No?																				
	emp	oloy	yee'	's P	RSI	rec	ord	for	the	 	2 me	ontl	n pe	erio	d in	nme	edia	ntel	y	
No? 26.Please give details of your before her baby is due:	emp	oloy	yee'	's P	RSI	rec	ord	for	the	e 12	2 ma								y I cla	ıss:
No? 26.Please give details of your before her baby is due: Period of employment:	emi	ploy	yee'			rec					? mo									ass:
No? 26.Please give details of your before her baby is due: Period of employment: From: To: If your employee has more the A to Class J), please give details	D an o	D		M	M]	Y	Y	Y	Y		Νι	ımb	er o	of w	eek	s:	PRS	l cla	
No? 26. Please give details of your before her baby is due: Period of employment: From: To:	D an o	D		M	M]	Y	Y	Y	Y		Nu hei	ımb r PR	er o	of w	eeks nge	s: d fr	PRS	l cla	SS
No? 26. Please give details of your before her baby is due: Period of employment: From: To: If your employee has more the A to Class J), please give details Period of employment:	D an o	D		M	M f PI]	Y	Yexa	Y	Y		Nu hei	ımb r PR	er o	of w	eeks nge	s: d fr	PRS	l cla	SS

Part 4 continued	En	nplo	oye	er′	s i	nfo	orn	na	tio	n									
27.Is your employee entitled to health and Safety leave?	Ye	es] [No													
My employee has told me that she: tick (X) relevant box(es) across	ha	preg as red brea	cent	tly g		n bi	rth												
28.ls your employee employed under a fixed-term contract?	Ye	es]	No													
If 'Yes' give date contract ends:	D D		M	М		Υ	Υ	Υ	Y										
Certification of risk: You can including working conditions, a employees, from The Health a (from Republic of Ireland only 29. Complete a) workplace or a) Workplace risk assessme identified in a risk assessme Welfare at Work Act, 1989.	nnd age nd Saf y). b) nig ent: Th	ents tety A	that Autl ork Illow	ma h or i risk	y po i ty, as:	ose 10	a ris Hog mei	k to an nt f	o pr Pla for y	egr ce, /ou	nant Du r er me	and blin nplo d er	d br 2. oye	reas Tel e as	tfee : 18 : fol e ha	ding 90	g 289 /s: bee	38 9	
List risk(s):																			
List reason(s) why you cannot	remov	e risk	κ(s):																
b) Nightwork risk assessme (work between the hours of works at least three hours in period). The doctor named health or safety. I am unable	11 pm this p below	and eriod has d	l 6 a d an cert	m t id a ified	he 1 t lea d th	follo ast a at n	win a qu ight	g d arte wo	ay v er o rk p	vhe f he ose	re t er ye	he e early	emp y w	oloy orki	ee r ng t	norr ime	nall e is i	y n th	nis
Name of employee's doctor:																			



Part 4 continued	Employer's information
	D D M M Y Y Y Y ur employee for 21 calendar days from the date Health and Safety ate 1st Feb. Last date of payment by you to employee would be 21st Feb. in 22nd Feb.
31.Payment details to employ	ee on health and safety leave:
Start date of payment by you to employee:	D D M M Y Y Y Y
Last date of payment by you to employee:	D D M M Y Y Y Y
32.Will Health and Safety Leave continue until the start of Maternity Leave?	Yes No
If 'No' what date will health and safety leave end?	D D M M Y Y Y Y
Declaration	
and agree to pay the employee the Department of Social Prote because: — the risk to the employee r or	4 are true and complete. I understand that I (employer) am obliged for the first 21 calendar days of her health and safety leave. I will tell ection immediately when I have asked the employee to return to work no longer exists risk to the health and safety of the employee has become available.
	Employer's official stamp
Signature (not block letters)	
Position in company or organisatio	on .
Date: D D M M	2 0
Employer's registered number: Employer's telephone number:	MOBILE LANDLINE
Employer's email address:	

Details of your qualified child(ren)

A qualified child is a child For more information, log	for who	om yo vww.w	u wis velfar	h to c e.ie.	laim	n an	allo	owa	nce	Э.							
33. How many children do you wish to claim for?		unde	r age	18													
•		age 1	18 - 22	2 in fu	II-tin	ne e	educ	catio	on*								
	* You i	must a ne chil					firm	ati	on 1	fron	n th	ie s	cho	ol d)r c	olle	ge
Please state child's:																	
Surname:																	
First name(s):																	
PPS No.:																	
Surname:																	
First name(s):																	
PPS No.:																	
Surname:																	
First name(s):																	
PPS No.:																	
Surname:																	
First name(s):																	
PPS No.:																	
Surname:																	
First name(s):																	
PPS No.:																	



Part 6)	(οι	ır s	spo	ou	se'	s o	rp	oai	tn	er	's c	let	ai	ls					
34. Does your spouse		Yes	S]	No													
currently live with you? If 'No', please give details																				
of your spouse's address:																				
																				\Box
Please answer questions 35	to 4	1 if	you	are	e ma	arrio	ed o	r liv	/ing	wit	h y	our	par	tne	r as	hus	bar	าd a	nd	wife
35. Their PPS No.:																				
36.Title: (insert an 'X' or	Mr.			Mrs	5.		Ms				(Othe	er							
specify) 37. Their surname:																				
38. Their first name(s):																				
39. Their birth surname:																				
40. Their mother's birth surname:																				
41. Their date of birth:																				
	D	D		M					Y											
Part 7	Υ	ou	r s	po	us	e's	or	pa	rtn	er	's v	VO 1	rk	an	d c	lai	m	det	ail	ls
A qualified adult is someone are wholly or mainly mainta gross weekly pay is less than	inin	g. \	ou/	may	y cla	to o aim	r liv an i	ing	wit eas	h as e fo	s hu r yo	sba our s	nd a	and use	l wif or p	e ar artı	าd v ner	vho if th	you neir	Ţ
42.Do you wish to claim an in	crea	ase	for	yοι	ır s	pou	se o	or p	art	ner	?									
If ' No ', please go to Part 8 .		Yes	5		L		No													
If 'Yes', please complete fu	llv t	he	rem	ain	der	of	this	se	ctio	n.										
43.If they are employed , please	-										ps v	with	ı yo	ur a	appl	icat	ion	and	l sta	ate:
Gross income: €					٦.				wee	•	-				•					
44.If they are self-employed ,	plea	ase	incl	ude	_ e th	eir	mo	st r	ece	nt l	Not	ice	of.	Ass	ess	mei	nt a	ınd	sta	te:
Gross income: €					٦.			a	wee	ek										
45.If they have income from a	ny (oth	er s	our	ce,	suc	h a	s an	ı oc	cup	atio	ona	l pe	nsi	on,	ple	ase	sta	te:	
Gross income: €								a '	wee	ek										
46.If your spouse or partner is or from the Health Service									any	pa pa	ym	ent((s) 1	fror	n th	is C)ер	artr	ner	ıt
Name of payment:																				
Amount: €								a '	wee	ek										
47.If they are getting a pension	n o	r al	low	anc	e fr	om	an	oth	er c	our	ntry	, pl	eas	e st	ate	•				
Name of country:																				
Their claim or reference number:																				
Amount (in euros): €		,						a	wee	ek										

D 10	m 1 1 1 1 1 .
Part 8	To be completed by your doctor
certify that I have examined	(Name of applicant)
that in my opinion she may expect to give birth on	D D M M Y Y Y Y
Date of examination	D D M M Y Y Y Y
Any other remarks:	
Doctor's name:	
DSFA panel number:	IMC number:
Address:	
	Doctor's official stamp
D (1 0)	
Doctor's Signature (not block lette	ers)



Has your employer completed Part 4?

Has your doctor completed Part 8?

Have you enclosed the following?

- 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).

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*

You should note that your claim for Health and Safety 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:

Health and Safety 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.

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.

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