

Application form for Jobseeker's Allowance or Benefit



- Please answer ALL questions, except Part 2 in the case of JB claims, and place a tick (✓) in the boxes provided.
- Please use BLOCK LETTERS.

PART 1

PERSONAL DETAILS about you and your spouse/partner

	APPLICANT				SPOUSE/PARTNER				FOR OFFICIAL USE ONLY
	Male/Female <input type="checkbox"/>				Male/Female <input type="checkbox"/>				
	FIGURES			LETTER(S)	FIGURES			LETTER(S)	
1. Please state:									ID Known
• Personal Public Service Number (PPS.no.) same as RSI/Tax Number									ID File Ph
• First name(s)									ID Pass
• Surname									ID DL
• Birth surname if different									ID Other
• Address <i>(If you and your spouse/partner are not living together give both Addresses)</i>									Scheme
• How long have you lived at this address?									Comm
• Telephone/Mobile Number									UP 20
• Mother's birth surname									Advised about Credits
• Distance from nearest Social Welfare Local/Branch Office									PO Code
• Nationality									Occ
• Your normal occupation									
• Your last occupation									
• Date of Birth Attach your Birth Certificate	DAY	MONTH		YEAR	DAY	MONTH		YEAR	
	VERIFIED (Y / N)				VERIFIED (Y / N)				

2. Are you?

Single Married Widowed
 Separated Divorced Cohabiting

• **Date of Marriage**
If you are separated from your spouse/partner please state:

DAY MTH YR VERIFIED (Y / N)

• **Amount of maintenance paid by you**

€ per week/month

• **Date you last paid maintenance**

DAY MTH YR

3. Payment Details:

Give details of the Post Office at which you wish to receive your payment.

POST OFFICE details

State NAME of POST OFFICE:

Habitual residence is a condition that you must satisfy to qualify for Jobseeker's Allowance. See SW 108 for more information about habitual residence.

4. In what country were you born?

5. What is your nationality?

Note

The Common Travel Area is Ireland, Great Britain, the Isle of Man and the Channel Islands.

You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and still be habitually resident here.

6. Have you lived in the Common Travel Area all of your life?

YES NO

If 'Yes', please complete questions 11 and 12.

If 'No', please complete questions 7 to 12.

7. Have you lived in the Common Travel Area for the last 2 years?

YES NO

If 'No', please give details below about each country outside the Common Travel Area where you have lived:

Country	From	To	Why you lived there

8. When did you come to Ireland?

DAY MTH YR

Have you lived continuously in Ireland since the day you arrived?

YES NO

9. Does any of your close family, for example parent, brother, sister or child, live in Ireland?

YES

NO

If 'Yes', please give their details.

Name	Address	DATE OF BIRTH			Relationship to you	When they came to Ireland
		Day	Month	Year		

10. Have you ever made an application for Refugee Status?

YES

NO

If 'Yes', please answer questions 10(a) and 10(b) and give copies of all relevant documents from the Department of Justice, Equality and Law Reform.

(a) Are you waiting for a decision on an application for Refugee Status?

YES

NO

(b) Have you been granted Refugee Status or leave to remain in the State on other grounds?

YES

NO

11. Please state where you lived in the Common Travel Area.

Ireland

Great Britain

Isle of Man

Channel Islands

12. Have you lived at the same address for the last 2 years?

YES

NO

If 'No', please give details of previous addresses:

Last address

From

To

Previous address

From

To

For Official Department use only.

HRC satisfied

HRC not satisfied

HRC1 issued

13. Please state:

- Your last Employer's Name
- Address of employer
- Occupation
- Dates of Employment
- Work pattern

FROM

DAY

MTH

YR

TO

DAY

MTH

YR

I worked hours per dayI worked days per week

14. Why did your employment end?

15. Did you get a P45?

YES

NO

If 'YES', please attach to this claim form.

16. a) Did you get a redundancy payment including benefit in kind?

If 'YES', state:

• Amount

€

YES

NO

• Date received

DAY

MTH

YR

b) Did you get redundancy form RP50?

YES

NO

If 'YES', please attach to this claim form.

17. Have you had other employment in the last 2 years?

If 'YES', please state:

• Name of employer

• Address of employer

YES

NO

18. Is anyone claiming for YOU as a qualified adult on their Social Welfare payment?

If 'YES', please state:

• Type of payment

• His/her name

• Weekly amount

• His/her PPS number

YES

NO

€

PART 4

DETAILS OF AVAILABILITY/WORK EFFORTS

- 19. Please state:**
- Type of work you are looking for?
 - Number of hours work you would accept?
 - Would you accept any other type of work?
If 'YES', give details:
 - Where have you tried to get work?
Please attach any documentary evidence.

Hours per day

Days per week

YES NO

- 20. Are you registered with FÁS?**
- If 'YES' state date of registration
 - If 'NO' you should register with FÁS if you are still unemployed after 30 days

YES NO

DAY MTH YR

- 21. Are you at present:**
- Self-Employed?
 - Working Part-time?
 - On a Community Employment Scheme?
 - On a FÁS or Local Employment Services course?
- If 'YES', to a, b, c, or d state:
- Employer's Name
 - Type of work you do
 - Hours of work
 - Amount of income/earnings

YES NO

YES NO

YES NO

YES NO

€ per week/month

- 22. Are you attending school, college or doing a third level or other educational course at present?**
- If 'YES', state:
- Name of college
 - Course name
 - Hours of attendance
 - When will course end?
- Do you intend to resume college education in the coming academic year?

YES NO

YES NO

- 23. Are you getting or have you recently applied for any social welfare (including FIS)/social security payments from this Department or from any other EU member state or from any other agency?**
- If 'YES', please state:
- Type of payment
 - Claim number
 - Amount
 - Source of payment
 - Country of payment

YES NO

€ per week

24. a) Is your Spouse/Partner in Employment or self-employment?
If 'YES', give details of the hours/days worked each week
b) State Spouse's/Partner's gross weekly income
c) Do you or your spouse/partner hold joint bank accounts/investments/property or joint capital?
If 'YES' please provide details

YES NO

Hours a day Days per week

YES NO

25. Is your Spouse/Partner on a:
a) FÁS or Local Employment Service Training Course?
b) Community Employment Scheme?
c) Back to Work Scheme?
d) Back to Education Allowance?
e) Vocational Training Scheme?
f) Other, please specify
If 'YES', to any of the above, state:
• Type of course/scheme
• Date of commencement
• Amount of payment

YES NO

YES NO

YES NO

YES NO

YES NO

DAY MTH YR

€ per week

26. Is your Spouse/Partner 'signing' for:
a) Jobseeker's Benefit?
b) Jobseeker's Allowance?
c) 'Credits'?
d) Any other Social Welfare/Health Service Executive payment? (apart from Child Benefit)
If 'YES', please state:
• Type of payment(s)
• PPS number

YES NO

YES NO

YES NO

YES NO

FIGURES					LETTER(S)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

27. Is your Spouse/Partner getting any social security payment from the UK or any other EU country?
If 'YES', please state:
• Country of payment
• Type of payment
• Amount of payment
• Address of issuing office
• Social security number

YES NO

€ per week

28. Is your Spouse/Partner getting any other income?
If 'YES', please state:
• Source of income
• Weekly amount

YES NO

€ per week

PART 6

QUALIFIED CHILD(REN) DETAILS

You cannot get paid for a child who is getting a Social Welfare payment in his/her own right.

29. Children under age 18:

LIST CHILDREN HERE, SHOWING ELDEST CHILD FIRST:

Child's First Name	Child's Surname	DATE OF BIRTH			Relationship to you	Does the child live with you?
		Day	Month	Year		

LIST ADDITIONAL CHILDREN ON A SEPARATE SHEET OF PAPER.

30. Children over age 18 and in full-time education (JA/JB claims over 156 days):

A written statement from the school or college should be attached for any child aged between 18 and 22 in full-time education.

Child's First Name	Child's Surname	DATE OF BIRTH			Relationship to you	Does the child live with you?
		Day	Month	Year		

31. In the case of child(ren) listed at 29) and 30) above who are not living with you please state with whom the child(ren) live:

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• Amount of maintenance paid by you or your spouse/partner (if any):

€	per week/month
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32. Are any of the children getting a payment in their own right?

YES NO

PART 7

LATE CLAIMS

33. If you did not claim as soon as you became unemployed please state the reason for the delay here:

34. Do you wish to apply for optional Jobseeker's Allowance if you do not qualify for the full rate of Jobseeker's Benefit?

YES

NO

PART 9

DECLARATION

I hereby claim **Jobseeker's Benefit/Allowance**. I declare that,

- a) I am unemployed and unable to get suitable full-time work
- b) I am capable of, available for and genuinely seeking work
- c) I have not claimed nor am I getting any other benefit, pension or allowance from any source apart from those shown in this form
- d) All the details are true and complete and I will notify the Department if I get work or if there is any change in the details given.

YOUR SIGNATURE

(NOT block letters)

DATE

If you are not able to sign, your mark should be made and witnessed. The witness should sign below.

DATE

*(NOT block letters)*ADDRESS OF
WITNESSSIGNATURE
OF WITNESS

**WARNING: Penalty for false statement or withholding information:
Fine or imprisonment or both.**

**Please bring this completed application form to
your Social Welfare Local or Branch Office
when you attend to make your claim.**

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.