

Application form for **Covid-19 Part-Time Job Incentive Scheme for the Self-Employed**



What is the Covid-19 Part-Time Job Incentive Scheme for the Self-Employed?

The Covid-19 Part-Time Job Incentive Scheme for the Self-Employed is a scheme for self-employed people who are in receipt of the Covid-19 Pandemic Unemployment Payment or a Jobseeker's payment and are returning to or increasing self-employment for up to a maximum of 24 hours per week.

Who is eligible for the Covid-19 Part-Time Job Incentive Scheme for the Self-Employed?

To be eligible for the scheme you must:

- Be self-employed;
- Have been in receipt of the Covid-19 Pandemic Unemployment Payment, or a Jobseekers' payment, in the week immediately prior to your application;
- Be aged between 18 and 66 years;
- Be tax and PRSI compliant;
- Be resident in the Republic of Ireland;
- Return to or increase your self-employment for up to a maximum of 24 hours per week;
- Be genuinely seeking to increase your hours of self-employment; and
- Submit a monthly review form, PTSE 02, self-declaring the number of hours you have worked in that four week period.

How long will the Covid-19 Part-Time Job Incentive Scheme for the Self-Employed last?

The scheme will run for as long as the Covid-19 Pandemic Unemployment Payment scheme is in operation.

How do I apply for the Covid-19 Part-Time Job Incentive Scheme for the Self-Employed?

You can apply for this scheme by:

- Requesting a paper form by emailing: forms@welfare.ie
- E-mailing or posting your application form to your local Intreo Centre or Social Welfare Branch Office.

How do I complete this application form?

- Write with a black ball point pen.
- Use BLOCK LETTERS and place an X in the relevant boxes.
- Answer all the questions that apply to you, leave the others blank.

How can I get additional information?

Further information is available by:

- Visiting www.gov.ie; or
- Calling the Department's Income Support Helpline on 1890 800 024.

Part 1

Your own details

1. Your PPS Number:

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2. Title: (insert an 'X' or specify)

Mr

Mrs

Ms

Other

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3. Surname:

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4. First name(s):

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5. Your date of birth:

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M M

Y Y Y Y

6. Your address:

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County

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Eircode or Postcode

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7. Your telephone number:

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8. Your email address:

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Declaration

I wish to apply for the Covid-19 Part-Time Job Incentive Scheme for the Self-Employed. I understand that I can be in self-employment for up to a maximum of 24 hours per week. I will inform the Department of Social Protection if I work 24 hours or more in any week. I will genuinely seek to increase my hours of self-employment.

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Signature (not block letters)

Date:

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M M

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Y Y Y Y

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

Part 2

Qualifying Payment

9. Please state which payment you are currently in receipt of:

Covid-19 Pandemic Unemployment Payment

Jobseeker's Payment

Part 3

Self-Employment Details

10. Business name:

11. Business registration number:

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12. Business address:

County

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Eircode or Postcode

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13. Nature of business:

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14. Date of return to or increase in hours of self-employment:

D	D	M	M	Y	Y	Y	Y				

15. Is the self-employment insured at Class S:

Yes No

16. How many hours do you expect to work each week:

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Declaration

I declare that all the information I have given is true and correct.

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Signature (not block letters)

Date:

D	D	M	M	Y	Y	Y	Y

Official business stamp if available.

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below to record where you would like your payment to issue.

Financial Institution

You will find the information requested below 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):

Post Office

Please enter the name and address of the post office where you wish to collect your payment.

Post office name and address:

Important Information

Return this completed application form by email or post to your local Intreo Centre or Social Welfare Branch Office.

If your application is successful, you will receive a monthly self-declaration form, PTSE 02, by post from the Department. You must complete this form by recording the hours that you have worked and return it to the Department.

Please also sign the declarations in Part 1 and Part 3.

If you have any difficulty in filling in this form, please contact any Citizens Information Centre, your local Intreo Centre or Social Welfare Branch Office.

For more information, visit www.gov.ie.

Data Protection Statement

The Department of Social Protection administers Ireland’s social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or in hard copy.

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