



Application form for Work and Access Supports

How to complete this form?

To help us process your application, please write letters and numbers clearly and use one box for each. Please also write with a **black** ballpoint pen, use **capital letters** and place an **X** in the relevant boxes.

To apply for Work and Access:

If you **are sure** of the support you wish to apply for, please complete the form as below:

Complete both the Work Status **and** Support Details sections on this page.

If you are a Jobseeker or Self-employed person, answer:

- **Part 1 questions 1 to 11**, and **Part 3**;
- **Part 4, 5, 6, 7 or 8** depending on the support needed.

If you are an Employee, answer:

- **Part 1** and **Part 3**;
- **Part 4, 5, 6, 7 or 8** depending on the support needed; **and**
- Have your employer complete **Part 2**.

If you are **unsure** of the supports you require or would like to explore the options available to you, please complete the form as below:

Complete the Work Status section of this page only.

If you are a Jobseeker or Self-employed person, answer **Part 1** and **Part 3**;

If you are an Employee, answer all questions in **Part 1, 2** and **3**.

Work Status

What is your current work status? Please select one:

Employee:

☐

Jobseeker:

☐

Self-employed:

☐

Support Details

Which supports are you applying for? You may select more than one support:

Communication Support:

☐

Personal Reader:

☐

Workplace Equipment:

☐

In-work Support:

☐

Workplace Needs Assessment:

☐

Part 1

Employee, self-employed or jobseeker's details

1. PPS Number:

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2. Title, insert an **X** or specify:

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	Other	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

3. Surname:

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4. First names:

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5. Date of birth:

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D	D	M	M	Y	Y	Y	Y			

6. Address:

County																Eircode			

7. Telephone number:

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Note: If you enter your mobile number we may text you in connection with your claim.

8. Email address:

9. Details of disability:

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Important: You must have a disability or health condition that means you need support for an interview or work. The disability or health condition should be likely to last longer than 12 months.

You must:

- be able to provide professional evidence confirming your disability or health condition and stating that it is likely to last longer than 12 months; **or**
- already be getting a long-term disability payment.

Part 1

Employee, self-employed or jobseeker's details

10. Duration in present employment, if applicable:

Y	Y	M	M

11. Please state any reasonable accommodations, such as interpreter support, you may need during the application process:

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12. Is this a paid job?

☐ Yes☐ No

13. Number of potential working hours each month:

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 hours.

Note: You must work a minimum of 32 hours each month.

Part 2

Employer or Company details

14. Is this job in the public sector?

☐ Yes☐ No

Important: Work and Access is **not** available to those working in the public sector.

15. Company name:

16. Address:

County

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Eircode

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17. Tax or VAT number:

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18. Tax Clearance Access Number (TCAN) or current Tax Clearance Certificate:

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19. Company contact, employer or line manager's name:

20. Telephone number:

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21. Email address:

I declare that the information given by me on this form is truthful and complete.

I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, I will be required to repay any payment I receive from you and I may be prosecuted.

I undertake to immediately tell you of any change in my circumstances which may affect my continued entitlement.

Signature or mark if unable to sign, **not** capital letters.

Date:

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Y

Y

Y

Y

If you are unable to sign, have all marks witnessed and have the witness sign below.

Signature of witness, **not** capital letters.

Date:

2

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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.

Please send this completed application form to:

Department of Social Protection
 Central Team
 Finglas Intreo
 PO Box 13736
 Freepost FDN7696
 Dublin 11

An eligible applicant can use this support if they want to identify the supports they might need to work. The workplace can include working at a business premises, at home and on-site. Funding can be requested to hire a work coach or specialist to conduct a Workplace Needs Assessment.

The Assessment:

Stage 1 - The assessor must consider the employee's specific needs as well as the job role, disability, and workplace environment when assessing the tasks involved in the job.

Stage 2 – The assessment and recommendations:

- The assessment must outline each barrier and make recommendations based on evidence, identifying the accommodations and training required, for example through assistive technology or hiring a personal reader, or in-work support.
- The assessment should be completed with the employer, the employee, and their advocate or representative, if appropriate.
- To implement the recommendations, the employer and employee may get one or more of the support elements available through the scheme.

22. Provider's name:

23. Provider's occupation:

24. Provider's qualifications:

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25. Provider's address:

County

Eircode

26. Provider's tax or VAT number:

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27. Tax Clearance Access Number (TCAN) or current Tax Clearance Certificate:

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If previously provided, please place an X:

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28. Provider's telephone number:

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29. Provider's email address:

30. Will you require Communication Support to help you during the Workplace Needs Assessment?

☐ Yes

☐ No

If **yes**, please complete the relevant portion of **Part 6**.

Please attach a copy of any quotations received for a Workplace Needs Assessment.

An eligible applicant or their representative can apply for funding for a personal reader to assist them with their work-related reading if they are blind or vision impaired.

PLEASE COMPLETE THIS PART IN FULL.

31. Reader's name:

32. Reader's address:

County

Eircode

33. Reader's PPS number:

34. Reader's telephone number:

35. Reader's email address:

36. Hourly rate:

€

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37. Proposed number of hours:

a week.

38. Reader's Tax or VAT number:

39. Tax Clearance Access Number (TCAN) or current Tax Clearance Certificate:

If previously provided, please place an X:

Important: You will be required to submit monthly returns to maintain your eligibility for this grant.

An eligible applicant can use this support if they have a disability or health condition, which requires a work coach, specialist or other support worker, such as a Lámh support worker, to help them to perform successfully in their job or retraining to move to another position. A Workplace Needs Assessment must be carried out for all In-work Supports.

Please state the support that you require:

Work Coach:

☐

Specialist Worker:

☐

Communications Support
Worker (Lámh, Sign Language
Interpreter, Lip Speaker)

☐

Other:

☐

If **other**, please specify:

Support person, specialist or interpreter's personal details

40. Provider's name:

41. Provider's address:

County

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Eircode

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42. Tax Clearance Access Number
(TCAN) or current Tax
Clearance Certificate:

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If previously provided, please
place an X:

☐

43. Provider's telephone number:

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44. Provider's email address:

Details of the support person, specialist or interpreter's cost

45. Hourly rate:

€

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46. Number of hours:

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47. Total travel costs:

€

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48. Total fee, including travel
costs:

€

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Support person, specialist or interpreter’s travel details if applicable

49. Where is the provider travelling from?

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50. Where is the provider travelling to?

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51. Mode of transport:

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An eligible applicant can apply for funding to receive communication support at a job interview, job induction, and in-work support.

Details of support

Communication Support:

- ☐ Pre-interview Support
- ☐ Interview Support
- ☐ Job Induction Support
- ☐ Ongoing Work Communication Support

Workplace Needs Assessment:

- ☐ Communication Support to carry out assessment

In-work Support:

- ☐ Support to assist communication with workcoach, specialist or other support worker

Please indicate the type of support you require:

- ☐ Sign language interpreter
- ☐ Lip speaker
- ☐ Other

If **other**, please specify:

In the case of interviews, please indicate on which dates support is required:

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Communication Support Worker, Interpreter or Interpretation Company details

52. Provider's name:

53. Provider's address:

County

Eircode

54. Provider's tax or VAT number:

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55. Provider's TCAN or Current Tax Clearance Certificate:

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If previously provided, please place an X:

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56. Provider's telephone number:

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57. Provider's email address:

Provider's cost details

58. Hourly rate:

€					.		
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59. Proposed number of hours:

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 a week.

60. Total travel costs:

€		,				.		
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61. Total fee:

€		,				.		
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Provider's travel details if applicable

62. Where is the provider travelling from?

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63. Where is the provider travelling to?

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64. Mode of transport:

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An eligible applicant, or their representative, can apply for funding to cover the costs of assistive equipment or technology required for them to work or keep working in their business and remote-working premises, including any training in the use of the equipment or technology.

The employer will be required to support the application, to source and purchase any approved equipment, and claim reimbursement from the scheme.

Note: Approval must be obtained before any purchase can be considered. Any equipment or training purchased prior to final approval being obtained will not be reimbursed.

Please choose one or more:

- ☐ Assistive equipment or technology
- ☐ Training in use of equipment
- ☐ Business premises
- ☐ Remote premises

Description of equipment needed:

Amount requested,
excluding VAT:

€ , .

VAT:

€ , .

Total:

€ , .

65. Provider's name:

66. Provider's address:

County

Eircode

67. Provider's tax or VAT number:

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68. Provider's TCAN or Current
Tax Clearance Certificate:

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If previously provided, please
place an **X**:

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69. Provider's telephone number:

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70. Provider's email address:

Please attach a copy of any quotations received for workplace equipment.

Have you remembered to complete or enclose the following, where applicable? Please place an **X**:

- ☐ Parts relevant to you completed?
- ☐ Quotations attached?
- ☐ Invoices attached?
- ☐ Supplier Setup Form attached, if not previously submitted?

For Official Use Only

☐

Application form checked

☐

Additional documentation checked

Recommended by:

Date:

D D

M M

Y Y Y Y

Signature of Employment Personal Advisor, **not** capital letters.

Employment Personal Advisor's
name, in capital letters:

Approved by:

Date:

D D

M M

Y Y Y Y

Signature of HEO or AP, **not** capital letters.

HEO or AP's name, in capital
letters:

Approved by:

Date:

D D

M M

Y Y Y Y

Signature of Principal Officer, **not** capital letters.

Principal Officer's name, in capital
letters:

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.