

# 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, civil partner or cohabitant

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

2. Are you?

Single       Married       Widowed       In a Civil Partnership   
 Separated       Divorced       Cohabiting

• Date of Marriage/Civil Partnership  
 If you are separated from your spouse, civil partner or cohabitant 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. a) Have you had other employment in Ireland in the last 2 years

If 'YES', please state:

• Name of employer

• Address of employer

## b) Have you had other employment in another EU country in the last 2 years

If 'YES', please state:

• EU country

YES

NO

YES

NO

• Social Security No./European Number

## 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, Civil Partner or Cohabitant in Employment or self-employment?  
If 'YES', give details of the hours/days worked each week  
b) State Spouse's, Civil Partner's or Cohabitant's gross weekly income  
c) Do you or your spouse, civil partner or cohabitant 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, Civil Partner or Cohabitant 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

YES  NO

DAY  MTH  YR

€  per week

**26.** Is your Spouse, Civil Partner or Cohabitant '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, Civil Partner or Cohabitant 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, Civil Partner or Cohabitant 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, civil partner or cohabitant (if any):

€ \_\_\_\_\_ per week/month

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.

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.