# Application form for Carer's Allowance

Social Welfare Services CR 1 Data Classification R



### You need a Personal Public Service Number (PPS No.) before you apply.

### How to complete this application form.

- Please use this page 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.
- Please do not strike through any of the boxes. Leave boxes blank if they do not apply to you.

You should apply for Carer's Allowance as soon as you start caring for someone.

### If you do not have a spouse, civil partner or cohabitant:

If you do not have a spouse, civil partner or cohabitant, fill in **Parts 1 to 5 and Part 8**. When the form is completed, read **Part 9** and sign declaration in **Part 1**.

### If you have a spouse, civil partner or cohabitant:

If you have a spouse, civil partner or cohabitant, fill in **Parts 1 to 8**. When the form is completed, read **Part 9** and sign declaration in **Part 1**.

### Carer:

Please complete **Section A** in **Part 10** of the medical report and get the person you are caring for to sign **Section A** in **Part 10** of the medical report.

### Doctor:

Please fill in **Section B** in **Part 10** of the medical report. 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 Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

For more information, log on to **www.welfare.ie**.

### How to fill this form

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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.

|                         |   | 2   | 3   | 4  | 5  | 6  | 7  | Τ  |  |  |  |   |   |   |   |  |   |   |  |  |
|-------------------------|---|---|---|--|--|--|--|--|--|--|--|---|---|---|---|--|---|---|--|--|
| (insert an 'X' or<br>y) | Mr.   |   | ]   | Mrs  | 5. X   | $\langle $   | Ms   |  |  |  | C  | Othe  | er  |   |   |  |   |   |  |  |
| ame:                    | Μ   | U   | R   | Ρ  | Η  | Y  |  |  |  |  |  |   |   |   |   |  |   |   |  |  |
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| ars on your birth       | Μ   | A   | R   | Y  |  |  |  |  |  |  |  |   |   |   |   |  |   |   |  |  |
| surname:                | Μ   | С   | D   | Ε  | R  | Μ  | 0  | Т  | Т  |  |  |   |   |   |   |  |   |   |  |  |
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# Application form for Carer's Allowance

A699208E

Social Welfare Services **CR 1** 

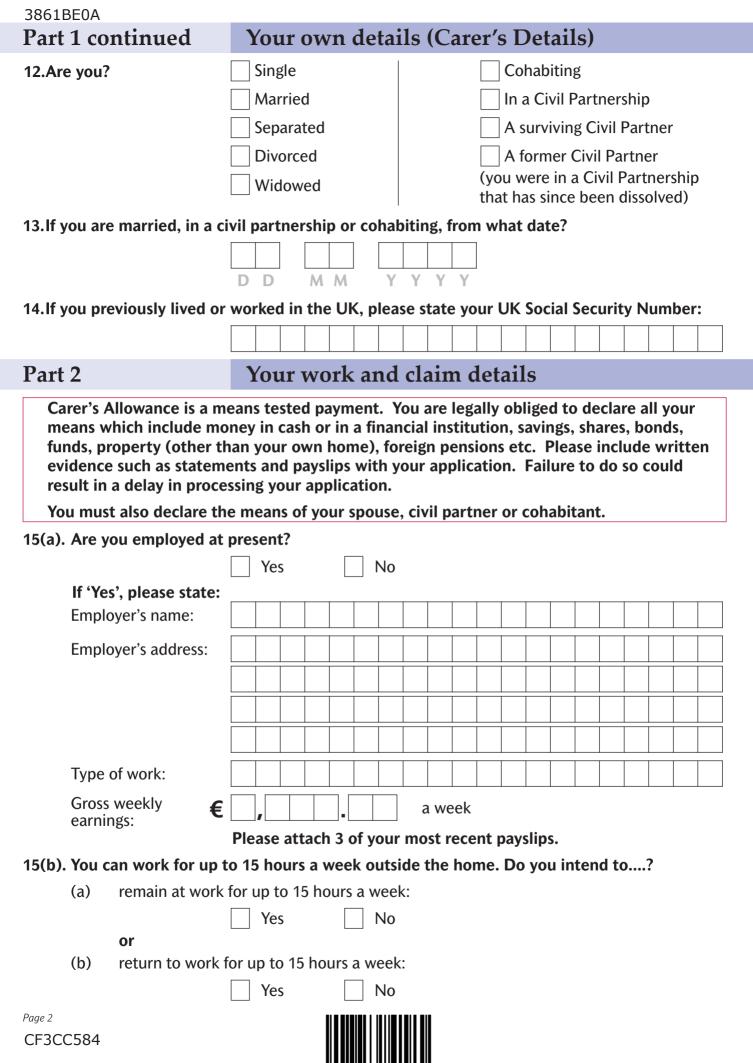
Data Classification R



| Part 1  | You | 1r 0 | wn   | de    | tai  | ls   | (Ca | are | r's | 5 D  | et | ail | <b>s</b> ) |     |     |    |     |  |
|---|-----|------|------|-------|------|------|-----|-----|-----|------|----|-----|------------|-----|-----|----|-----|--|
| 1. Your PPS No.:  |     |      |      |       |      |      |     |     |     |      |    |     |            |     |     |    |     |  |
| 2. Title: (insert an 'X' or specify)                        | Mr. | ] N  | Ars. |       | Ms   | •    |     |     | С   | the  | r  |     |            |     |     |    |     |  |
| 3. Surname:   |     |      |      |       |      |      |     |     |     |      |    |     |            |     |     |    |     |  |
| 4. First name(s):   |     |      |      |       |      |      |     |     |     |      |    |     |            |     |     |    |     |  |
| 5. Your first name as it appears on your birth certificate: |     |      |      |       |      |      |     |     |     |      |    |     |            |     |     |    |     |  |
| 6. Birth surname:   |     |      |      |       |      |      |     |     |     |      |    |     |            |     |     |    |     |  |
| 7. Your date of birth:                                      | D D |      | MM   |       | Y    | Y    | Y   | Y   |     |      |    |     |            |     |     |    |     |  |
| 8. Your mother's birth surname:                             |     |      |      |       |      |      |     |     |     |      |    |     |            |     |     |    |     |  |
|   |     | С    | onta | ict ] | Det  | tail | S   |     |     |      |    |     |            |     |     |    |     |  |
| 9. Your address:  |     |      |      |       |      |      |     |     |     |      |    |     |            |     |     |    |     |  |
|   |     |      |      |       |      |      |     |     |     |      |    |     |            |     |     |    |     |  |
|   |     |      |      |       |      |      |     |     |     |      |    |     |            |     |     |    |     |  |
| County  |     |      |      |       |      |      |     | P   | osi | tcod | le |     |            |     |     |    |     |  |
| 10. Your telephone number:                                  |     |      |      |       |      |      |     |     |     |      |    |     | Μ          | 0   | BII | Ε. |     |  |
|   |     |      |      |       |      |      |     |     |     |      |    |     | L          | A N | D   |    | I E |  |
| 11. Your email address:                                     |     |      |      |       |      |      |     |     |     |      |    |     |            |     |     |    |     |  |
|   |     |      |      |       |      |      |     |     |     |      |    |     |            |     |     |    |     |  |
|   |     |      | Dec  | lara  | atic | n    |     |     |     |      |    |     |            |     |     |    |     |  |

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, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement. If you cannot sign your name, make a mark, such as an X and have it witnessed.

| Date:      |           |   | 2  | 0                                   |  |  |
|------------|-----------|---|--|-------------------------------------|--|--|
|            | DD        | MM  | Y  | Y                                   | Y  | Υ  |
|            |           |   |  |                                     |  |  |
| Date:      |           |   | 2  | 0                                   |  |  |
|            | DD        | MM  | Y  | Y                                   | Y  | Υ  |
|            |           |   |  |                                     |  |  |
|            |           | • •   | may l                                      | be                                  |  |  |
| , a prison | term or b | ooth.   |  |                                     |  | Pag  |
|            | Date:     | Date: D D<br>Date: D D<br>D D<br>r withhold informa | Date: M M<br>D D M M<br>D D M M<br>D D M M | D D M M Y<br>D D M M Y<br>D D M M Y | D D M M Y Y<br>D D M M Y Y<br>D D M M Y Y<br>D D M M Y Y<br>T withhold information, you may be<br>a prison term or both. | Date: D D M M Y Y Y<br>D D M M Y Y Y<br>D D M M Y Y Y<br>D D M M Y Y Y |



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Part 2 continued

# Your work and claim details

| 16. Are you or have you been self-employe |
|---|
|---|

|  | Yes                    | -        | No      |          |       |       |      |       |       |       |      |              |      |       |
|--|------------------------|----------|---------|----------|-------|-------|------|-------|-------|-------|------|--------------|------|-------|
| If 'Yes', please state:  |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
| Type of work you do/did:   |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
| Dates of self-<br>employment: From:                              |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
| To:  |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
|  | DD                     | MM       | Y       | YY       | -     |       |      |       |       |       |      |              |      |       |
| Net yearly earnings: $\mathbf{\epsilon}$                         |                        | ,        | •       |          | a     | i yea | ar   |       |       |       |      |              |      |       |
| This is the money you hav  |                        |          | -       | •        |       |       |      | uctin | g op  | erat  | ing  | ехр          | ens  | es.   |
| 17.Are you getting a social s                                    | ecurity pay            | yment    | _       | nother   | cou   | Intry | y?   |       |       |       |      |              |      |       |
| If (Vac) where states  | Yes                    |          | No      |          |       |       |      |       |       |       |      |              |      |       |
| If 'Yes', please state:<br>Name of country:                      |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
| Your claim or reference number:                                  |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
| Amount: €  |                        |          |         | a w      | eek   |       | ·    |       | ·     |       |      |              |      |       |
| Please attach the most rece<br>amount and also provide a         |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
| 18.Are you getting any other another country?                    | r pension o            | or allov | vance f | rom th   | ne Re | epul  | blic | of Ir | elano | d or  | fro  | m            |      |       |
| If 'Yes', please state:<br>Who pays this pension:                |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
| Your claim or reference number:                                  |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
| Amount: €  |                        |          |         | a w      | eek   |       |      |       |       |       |      |              |      |       |
| Please attach the most <b>rec</b> o<br>amount and also provide a |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
| 19(a). Do you own, share in                                      | the owner              | rship, w | ork or  | rent a   | farr  | n or  | lan  | nd?   |       |       |      |              |      |       |
|  | Yes                    |          | No      |          |       |       |      |       |       |       |      |              |      |       |
| If 'Yes', please state:  |                        | ]        | ~~      |          |       |       |      |       |       |       |      |              |      |       |
| Size of farm or land:  |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
| Herd or flock number:  |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
| Net yearly income €  |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
| or land:   | 'Net year<br>deducting |          |         |          |       | hav   | /e m | nade  | from  | n the | e fa | r <b>m a</b> | lfte | r     |
| 19(b). If your farm or land is                                   | let, please            | e state  | net yea | arly ind | como  | e fro | om l | ettir | ng:   |       |      |              |      |       |
| Net yearly income: $\in$   |                        |          |         |          |       |       |      |       |       |       |      |              |      |       |
| 610BB3F2   |                        |          |         |          |       |       |      |       |       |       |      |              | Pa   | age 3 |

Part 2 continued

20(a). Are you taking part in any of the following courses or schemes, insert an X in the box as it applies to you and give the date you started if you insert an X in the Yes box.

|  |         |        |        |      |          |          |       | Da          | te yo | ou s | sta  | ted  | •     |      |     |     |      |     |
|--|---------|--------|--------|------|----------|----------|-------|-------------|-------|------|------|------|-------|------|-----|-----|------|-----|
| Community employment:                        | Y       | es     | [      |      | No       |          |       |             |       |      |      |      |       |      |     |     |      |     |
|  |         |        |        |      |          |          |       | D           | D     | г    | Μ    | Μ    | i     | Υ    | Υ   | Υ   | Υ    |     |
| Rural Social Scheme:                         | Y       | es     |        |      | No       |          |       |             |       |      |      |      |       |      |     |     |      |     |
|  |         |        |        |      |          |          |       | D           | D     | г    | Μ    | Μ    |       | Υ    | Υ   | Υ   | Υ    |     |
| Area-Based Initiative:                       | Y       | es     |        |      | No       |          |       |             |       |      |      |      |       |      |     |     |      |     |
|  |         |        |        |      |          |          |       | D           | D     | r    | Μ    | Μ    |       | Υ    | Υ   | Υ   | Υ    |     |
| Back to Work Scheme:                         | Y       | es     |        |      | No       |          |       |             |       |      |      |      |       |      |     |     |      |     |
|  |         |        |        |      |          |          |       | D           | D     | г    | Μ    | Μ    |       | Υ    | Υ   | Υ   | Υ    |     |
| Vocational Training<br>Opportunities Scheme: | Y       | es     |        |      | No       |          |       | D           | D     |      | Μ    | M    |       | Y    | Y   | V   | V    |     |
| Back to Education                            |         |        | [      |      | No       |          |       |             |       | [    | 141  |      | 1     |      |     |     | -    |     |
| Allowance:                                   |         | es     | l      |      | No       |          |       | D           | D     |      | Μ    | M    |       | Y    | Y   | Y   | Y    |     |
| Solas/FÁS course or schemes:                 |         | es     | [      |      | No       |          |       |             |       | [    |      |      |       | -    | -   | -   | -    |     |
| solus, into course or schemes.               |         | 0      | l      |      | 140      |          |       | D           | D     | L    | Μ    | Μ    |       | Y    | Y   | Y   | Y    |     |
| School or college:                           |         | es     | [      |      | No       |          |       |             |       | [    |      |      |       |      |     |     |      |     |
|  | ·       | 00     | l      |      |          |          |       | D           | D     | L    | Μ    | Μ    |       | Y    | Y   | Y   | Y    |     |
| Other course or scheme:                      | Y       | es     | [      |      | No       |          |       |             |       |      |      |      |       |      |     |     |      |     |
| If 'Yes', please state:                      |         |        |        |      |          |          |       |             |       |      |      |      |       |      |     |     |      |     |
| Name of course or scheme:                    |         |        |        |      |          |          |       |             |       |      |      |      |       |      |     |     |      |     |
| Date you started: From:                      |         |        |        | 7    |          |          |       |             |       |      |      | ·    |       |      |     |     | ·    |     |
| 2  |         |        |        |      |          |          |       |             |       |      |      |      |       |      |     |     |      |     |
| To:  |         |        |        |      |          |          |       |             |       |      |      |      |       |      |     |     |      |     |
|  | DD      |        | MM     |      | Y        | Υ        | Υ     | Y           |       |      |      |      |       |      |     |     |      |     |
| 20(b). Please state what yo                  | u get p | oaid f | or do  | ing  | this     | sche     | eme   | or          | coui  | rse  |      |      |       |      |     |     |      |     |
| €  |         |        |        |      |          | а        | wee   | ek          |       |      |      |      |       |      |     |     |      |     |
| 21.Do you own stocks, shar                   | es (inc | ludir  | ng sha | ires | in a     | crea     | ame   | rv (        | or Co | 0-0  | n. a | anni | iitie | es l | hon | ds  |      |     |
| insurance policies) or in                    |         |        |        |      |          |          |       |             |       |      |      |      |       |      |     | чэ, |      |     |
|  | Y       | es     | [      |      | No       |          |       |             |       |      |      |      |       |      |     |     |      |     |
| If 'Yes', please state:                      |         |        |        |      |          |          |       |             |       |      |      |      |       |      |     |     |      |     |
| Name of company:                             |         |        |        |      |          |          |       |             |       |      |      |      |       |      |     |     |      |     |
| Number of shares held:                       |         |        |        |      |          | <u> </u> | I     |             |       | I    |      | I    |       | I    | I   |     | I    |     |
| Their value: €                               |         |        |        |      |          |          |       |             |       |      |      |      |       |      |     |     |      |     |
|  |         |        | /└─└   |      | <b>•</b> |          |       |             |       |      |      |      |       |      |     |     |      |     |
|  | Pleas   | e att  | ach a  | sta  | tem      | ent t    | :o sł | <b>10</b> W | v det | ails | s ai | nd c | urre  | ent  | ma  | rke | t va | lue |



188D9540

Part 2 continued

22.Do you have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country?

|  |      | Yes    |       |        | No  |      |       |   |  |  |  |      |
|--|------|--------|-------|--------|-----|------|-------|---|--|--|--|------|
| If 'Yes', please state:                      | Fin  | ancial | Insti | itutio | n 1 |      |       |   |  |  |  |      |
| Name of financial institution:               |      |        |       |        |     |      |       |   |  |  |  |      |
| Bank Identifier Code (BIC):                  |      |        |       |        |     |      |       |   |  |  |  |      |
| International Bank<br>Account Number (IBAN): |      |        |       |        |     |      |       |   |  |  |  |      |
| Current balance: €                           |      |        | ],    |        |     |      |       |   |  |  |  |      |
| Is this account a joint account?             |      | Yes    |       |        | No  |      |       |   |  |  |  |      |
| Name(s) of account holder                    | (s): |        |       |        |     |      |       |   |  |  |  |      |
| Name 1:                                      |      |        |       |        |     |      |       |   |  |  |  |      |
| Name 2 (if any):                             |      |        |       |        |     |      |       |   |  |  |  |      |
|  | Fina | ancial | Insti | itutio | n 2 |      |       |   |  |  |  |      |
| Name of financial institution:               |      |        |       |        |     |      |       |   |  |  |  |      |
| Bank Identifier Code (BIC):                  |      |        |       |        |     |      |       |   |  |  |  |      |
| International Bank<br>Account Number (IBAN): |      |        |       |        |     |      |       |   |  |  |  |      |
| ,  |      |        |       |        |     |      |       |   |  |  |  |      |
| Current balance: €                           |      |        | ,     |        |     |      |       |   |  |  |  |      |
| Is this account a joint account?             |      | Yes    |       |        | No  |      |       |   |  |  |  |      |
| Name(s) of account holder                    | (s): |        |       |        |     |      | <br>  |   |  |  |  | <br> |
| Name 1:                                      |      |        |       |        |     |      |       |   |  |  |  |      |
| Name 2 (if any):                             |      |        |       |        |     |      |       |   |  |  |  |      |
|  | Fina | ancial | Insti | itutio | n 3 |      |       |   |  |  |  |      |
| Name of financial institution:               |      |        |       |        |     |      |       |   |  |  |  |      |
| Bank Identifier Code (BIC):                  |      |        |       |        |     |      |       |   |  |  |  |      |
| International Bank<br>Account Number (IBAN): |      |        |       |        |     |      |       |   |  |  |  |      |
| Current balance: €                           |      |        | ],[   |        |     |      | <br>I | 1 |  |  |  |      |
| Is this account a joint account?             |      | Yes    |       |        | No  | <br> |       |   |  |  |  |      |



# F63D760E Part 2 continued

# Your work and claim details

|  |           | Finan   | cial  | Inst | titul       | tion  | 3 c  | ont   | inu  | ed    |       |       |      |       |      |      |      |          |      |       |
|--|-----------|---------|-------|------|-------------|-------|------|-------|------|-------|-------|-------|------|-------|------|------|------|----------|------|-------|
| Name(s) of account ho                        | older     | (s):    |       |      |             | 1     |      |       |      |       |       |       |      |       |      |      |      |          |      |       |
| Name 1:                                      |           |         |       |      |             |       |      |       |      |       |       |       |      |       |      |      |      |          |      |       |
| Name 2 (if any):                             |           |         |       |      |             |       |      |       |      |       |       |       |      |       |      |      |      |          |      |       |
| Please attach an origi months.               | inal      | stater  | nen   | t fo | or ea       | ich ( | acc  | oun   | t, s | hov   | ving  | g tra | insa | actio | ons  | for  | the  | las      | t 3  |       |
| If you have any other separate sheet of pap  |           | ounts   | you   | m    | ust g       | give  | de   | tail  | s of | the   | em t  | to tl | nis  | Dep   | bart | me   | nt o | n a      |      |       |
| 23(a). Do you own or sha                     | are i     | n the   | owr   | ner  | ship        | of    | pro  | per   | ty a | pai   | rt fr | om    | γοι  | ır h  | omo  | e?   |      |          |      |       |
|  | [         | Ye      | es    |      |             |       | No   |       |      |       |       |       |      |       |      |      |      |          |      |       |
| If 'Yes', please state:                      | ī         |         |       |      |             | 1     | 1    |       |      |       |       |       |      |       |      |      | ·    |          |      |       |
| Type of property:                            |           |         |       |      |             |       |      |       |      |       |       |       |      |       |      |      |      |          |      |       |
| Address of property:                         |           |         |       |      |             |       |      |       |      |       |       |       |      |       |      |      |      |          |      |       |
| 'Property' would be a<br>apartment, business | n         |         |       |      |             |       |      |       |      |       |       |       |      |       |      |      |      |          |      |       |
| property, another                            | ĺ         |         |       |      |             |       |      |       |      |       |       |       |      |       |      |      |      |          |      |       |
| house or land other than that mentioned      | <b>at</b> |         |       |      |             |       |      |       |      |       |       |       |      |       |      |      |      |          |      |       |
| question 19.                                 | at        |         |       |      |             |       |      |       |      |       |       |       |      |       |      |      |      | <u> </u> |      |       |
| Current market value:                        | €         |         |       |      |             |       |      |       |      |       |       |       |      |       |      |      |      |          |      |       |
| Rent from this                               | €         |         |       |      |             |       |      |       | a we | ek    |       |       |      |       |      |      |      |          |      |       |
| property:                                    | - 1       |         | e pro | ovi  | ⊡•∟<br>de a | val   | uat  |       |      |       | ın a  | uth   | oris | ed    | auc  | tio  | nee  | r or     | va   | luer. |
| Outstanding                                  | ſ         |         |       |      |             |       |      |       |      |       |       |       |      |       |      |      |      |          |      |       |
| mortgage on                                  | €         |         |       |      |             |       |      |       |      |       |       |       |      |       |      |      |      |          |      |       |
| property:                                    |           | lf mor  |       | -    | -           |       |      |       |      |       |       |       |      |       |      |      | -    |          |      |       |
| Note: A separate you have.                   | shee      | et of p | ape   | r ca | an b        | e u   | sed  | for   | det  | tails | s of  | any   | ad   | diti  | ona  | l pi | ope  | ertio    | es t | hat   |
| 23(b). If you have a room                    | n let     | in the  | e pro | ope  | erty        | you   | are  | e cu  | rre  | ntly  | / res | sidir | ng i | n, p  | lea  | se s | tate | e:       |      |       |
| Weekly income:                               | €         |         |       |      | _           |       |      | â     | a we | eek   |       |       |      |       |      |      |      |          |      |       |
| 24.Are you receiving<br>maintenance?         | [         | Ye      | es    |      |             |       | No   |       |      |       |       |       |      |       |      |      |      |          |      |       |
| If 'Yes', please state:                      | ſ         |         |       |      |             |       |      |       |      |       |       |       |      |       |      |      |      |          |      |       |
| Amount:                                      | €         |         |       |      |             |       |      | â     | a we | eek   |       |       |      |       |      |      |      |          |      |       |
|  |           | Please  | e pr  | ovi  | de a        | co    | ру с | of th | ne n | naiı  | nter  | nano  | ce a | gre   | em   | ent  | •    |          |      |       |
| 25.Are you paying maintenance?               | [         | Ye      | es    |      |             |       | No   |       |      |       |       |       |      |       |      |      |      |          |      |       |
| If 'Yes', please state:                      | _ [       |         | -     |      | —           |       |      |       |      |       |       |       |      |       |      |      |      |          |      |       |
| Amount:                                      | €         |         |       |      |             |       |      | ĉ     | a we | eek   |       |       |      |       |      |      |      |          |      |       |
|  |           | Please  | e pr  | ovi  | de a        | co    | ру с | of th | ne n | naiı  | nter  | nano  | ce a | gre   | em   | ent  | •    |          |      |       |
| Page 6                                       |           |         |       |      |             |       |      |       |      |       |       |       |      |       |      |      |      |          |      |       |



0ABD57BC Part 2 continued

### Your work and claim details

26.Do you expect to receive any additional income or money in the coming 12 months from any other source(s) (that is for example a claim for compensation arising out of an

| accident/injury, sale of property, etc.)?   | an           |
|---|--------------|
| Yes No  |              |
| If 'Yes', please give details in the space provided:                                |              |
|   |              |
|   |              |
|   |              |
|   |              |
|   |              |
| 27.Do you have any other income from the Republic of Ireland or another country?    |              |
| Yes No  |              |
| If 'Yes', please give details in the space provided:                                |              |
| וו וכש , פוכמשט בואט מטנמוש ווו נווט שמטט פוטאומטע.                                 |              |
|   |              |
|   |              |
|   |              |
|   |              |
|   |              |
| 28.Did you sell or transfer property or business in the last three years?           |              |
| Yes No  |              |
| If 'Yes', please give details in the space provided and attach a copy of the deed o | of transfer: |
|   |              |
|   |              |
|   |              |
|   |              |
|   |              |
| 29. Did you recently sell your home to buy another?                                 |              |
| Yes No  |              |
| If 'Yes', please outline the circumstances in the space provided and attach suppo   | orting       |
| documentary evidence from your solicitors regarding the financial transaction.      |              |
|   |              |
|   |              |
|   |              |
|   |              |
|   |              |
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### 7B9951E8

### Part 3

### Habitual Residence Condition

| 30.What country were you born in?                              |            |            |        |     |   |  |  |   |  |  |
|--|------------|------------|--------|-----|---|--|--|---|--|--|
| 31.What is your nationality?                                   |            |            |        |     |   |  |  |   |  |  |
| 32.When did you come to<br>live in the Republic of<br>Ireland? | D D        | M M        | Y Y    | Y Y | ] |  |  |   |  |  |
| 33.If you are not an EEA Na                                    | tional, do | you hold a | curren | t:  |   |  |  |   |  |  |
| Irish Residence Permit<br>(Stamp 4):                           | Yes        |            | No     |     |   |  |  |   |  |  |
| Irish Employment Permit<br>(Stamp 1):                          | Yes        |            | No     |     |   |  |  |   |  |  |
| Student Visa (Stamp 1A,<br>Stamp 2A or Stamp 3:                | Yes        |            | No     |     |   |  |  |   |  |  |
| Other?   | Yes        |            | No     |     |   |  |  |   |  |  |
|  |            |            |        |     |   |  |  | _ |  |  |

# The European Economic Area (EEA) comprises of the member states of the European Union together with Iceland, Norway and Liechtenstein and Croatia.

If 'Yes', please give details in the space provided.

If 'Yes', to any of the above, please enclose your original permit and your original letter from the Department of Justice which sets out the reasons you have been granted permission to reside in the Republic of Ireland.

No

34.Do you have a GNIB (Garda National Immigration Bureau) card?

Yes

If 'Yes', please attach a verified copy of same (your local Intreo Centre or your local Social Welfare Office can photocopy it for you and verify that they saw the original).

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1649D90E Part 3 continued

### Habitual Residence Condition

|                                  |                                |           |              |            |         | ~     |       |     |      |     |    |     |   |  |
|----------------------------------|--------------------------------|-----------|--------------|------------|---------|-------|-------|-----|------|-----|----|-----|---|--|
|                                  |                                | 0-1 y     |              |            |         | 2 yea |       |     |      |     |    |     |   |  |
|                                  |                                | 3-5 y     |              |            |         |       | year  |     | _    |     |    |     |   |  |
| 6.Have you lived within the last | d outside the<br>t five years? | e Republi | ic of Irelai | nd for an  | y perio | od lo | onger | tha | n th | ree | mo | nth | S |  |
|                                  | -                              | Yes       |              | No         |         |       |       |     |      |     |    |     |   |  |
| lf 'Yes', please                 | give details                   | of where  | e you live   | d in the s | pace p  | provi | ded.  |     |      |     |    |     |   |  |
|                                  |                                | Country   | 1            |            |         |       |       |     |      | 1   |    |     |   |  |
| Country:                         |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  | From:                          |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  | To:                            |           |              |            |         | ]     |       |     |      |     |    |     |   |  |
|                                  |                                | DD        | ΜΜ           | ΥY         | YY      | _     |       |     |      |     |    |     |   |  |
| Why you lived                    | there:                         |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           |              |            |         |       |       |     |      |     |    |     |   |  |
|                                  |                                |           | 2            |            |         |       |       |     |      |     |    |     |   |  |
| Country:                         |                                | Country   | 2            |            |         |       |       |     |      | 1   |    |     |   |  |
| Country:                         |                                | Country   | 2            |            |         |       |       |     |      |     |    |     |   |  |
| Country:                         | From:                          | Country   | 2            |            |         |       |       |     |      |     |    |     |   |  |
| Country:                         |                                | Country   | <b>2</b>     |            |         |       |       |     |      |     |    |     |   |  |
| Country:                         | From:                          | Country   | 2            |            | Y Y     |       |       |     |      |     |    |     |   |  |
| Country:<br>Why you lived        | From:<br>To:                   |           |              | Y Y        | Y Y     |       |       |     |      |     |    |     |   |  |
|                                  | From:<br>To:                   |           |              | Y Y        | Y Y     |       |       |     |      |     |    |     |   |  |
|                                  | From:<br>To:                   |           |              |            | Y Y     |       |       |     |      |     |    |     |   |  |
|                                  | From:<br>To:                   |           |              | Y Y        | YY      |       |       |     |      |     |    |     |   |  |
|                                  | From:<br>To:                   |           |              | Y Y        | YY      |       |       |     |      |     |    |     |   |  |
|                                  | From:<br>To:                   |           |              | Y Y        | Y Y     |       |       |     |      |     |    |     |   |  |
|                                  | From:<br>To:                   |           |              | Y Y        | Y Y     |       |       |     |      |     |    |     |   |  |
|                                  | From:<br>To:                   |           |              | Y Y        | Y Y     |       |       |     |      |     |    |     |   |  |
|                                  | From:<br>To:                   |           |              | Y Y        | Y Y     |       |       |     |      |     |    |     |   |  |



### 99FA4760

Part 4

### Your payment details

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.

|  |      |       | F11  | na   | ncı  | all   | Ins   | t1ti | 1t10 | on    |      |       |      |      |        |       |      |       |       |      |
|--|------|-------|------|------|------|-------|-------|------|------|-------|------|-------|------|------|--------|-------|------|-------|-------|------|
| You will find t                              | the  | follo | owir | ng d | etai | ls pi | rinte | ed o | n st | ate   | mer  | nts f | rom  | γοι  | ur fir | nan   | cial | insti | ituti | on.  |
| Name of financial institution:               |      |       |      |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
| Bank Identifier Code (BIC):                  |      |       |      |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
| International Bank Account<br>Number (IBAN): |      |       |      |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
|  |      |       |      |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
| Name(s) of account holder(s)                 | :    |       |      |      | 1    | 1     |       |      |      |       |      | 1     |      |      |        |       |      |       |       |      |
| Name 1:                                      |      |       |      |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
| Name 2 (if any):                             |      |       |      |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
|  |      |       |      |      | Po   | st (  | Off   | ice  |      |       |      |       |      |      |        |       |      |       |       |      |
| Please enter below the nam payment.          | e ar | nd a  | add  | ress | s of | the   | po    | st o | ffic | e w   | her  | e y   | ou v | wisł | ו to   | col   | lect | : yoı | ur    |      |
| Post office name and address:                |      |       |      |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
|  |      |       |      |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
|  |      |       |      |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
|  |      |       |      |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
| Part 5                                       | Ι    | De    | tai  | ls   | of   | yo    | ur    | qı   | ıal  | ifi   | ed   | cł    | nil  | d(1  | en     | )     |      |       |       |      |
| 37.Do you have children<br>living with you?  |      | Ye    | S    |      |      | 1     | No    |      |      |       |      |       |      |      |        |       |      |       |       |      |
| If 'Yes', how many are un                    | der  | 18    | and  | l be | etwe | een   | 18-   | 22 i | n fı | ull t | ime  | e ed  | uca  | tio  | n.     |       |      |       |       |      |
|  |      |       | un   | der  | age  | e 18  |       |      |      |       | ag   | ged   | 18 - | 22   | in fı  | ull-t | ime  | edı   | Jcat  | ion  |
| You must attach written                      | con  | firn  | nati | on   | froi | n th  | ne s  | cho  | ol c | or c  | olle | ge    | for  | the  | chi    | ldre  | en a | ged   | 18    | - 22 |
| Please state child's:                        | Chi  | ld 1  | I    |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
| Surname:                                     |      |       |      |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
| First name(s):                               |      |       |      |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
| PPS No.:                                     |      |       |      |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
| Date of birth:                               |      |       | ]    |      |      |       |       |      |      |       |      |       |      |      |        |       |      |       |       |      |
|  | D    | D     |      | Μ    | Μ    |       | Υ     | Υ    | Υ    | Υ     |      |       |      |      |        |       |      |       |       |      |

Are they living with you?

Page 10 BBD99FEA



No

Yes

### 7256F929 Part 5 continued

# Details of your qualified child(ren)

|   | Chil | d 2      |          |   |    |    |   |   |   |  |  |  |  |  |
|---|------|----------|----------|---|----|----|---|---|---|--|--|--|--|--|
| Surname:  |      |          |          |   |    |    |   |   |   |  |  |  |  |  |
| First name(s):  |      |          |          |   |    |    |   |   |   |  |  |  |  |  |
| PPS No.:  |      |          |          |   |    |    |   |   |   |  |  |  |  |  |
| Date of birth:  |      |          |          |   |    |    |   |   |   |  |  |  |  |  |
|   |      | D        | Μ        | Μ | ┐. | Y  | Y | Y | Y |  |  |  |  |  |
| Are they living with you?   |      | Yes      |          |   | [  | No |   |   |   |  |  |  |  |  |
| Surname:  | Chil |          |          |   |    |    |   |   |   |  |  |  |  |  |
| First name(s):  |      |          |          |   |    |    |   |   |   |  |  |  |  |  |
| PPS No.:  |      |          |          |   |    |    |   |   | ] |  |  |  |  |  |
| Date of birth:  |      |          |          |   |    |    |   |   |   |  |  |  |  |  |
|   | D    | D        | Μ        | Μ |    | Y  | Y | Y | Y |  |  |  |  |  |
| Are they living with you?   |      | Yes      |          |   | 1  | No |   |   |   |  |  |  |  |  |
|   | Chil | d 4      |          |   |    |    |   |   |   |  |  |  |  |  |
|   |      |          |          |   |    |    |   |   |   |  |  |  |  |  |
| Surname:  |      |          |          |   |    |    |   |   |   |  |  |  |  |  |
| Surname:<br>First name(s):  |      |          |          |   |    |    |   |   |   |  |  |  |  |  |
|   |      |          |          |   |    |    |   |   |   |  |  |  |  |  |
| First name(s):  |      |          |          |   |    |    |   |   |   |  |  |  |  |  |
| First name(s):<br>PPS No.:  |      | D        |          | M |    | Y  | Y | Y | Y |  |  |  |  |  |
| First name(s):<br>PPS No.:  |      | D<br>Yes | M        | M | 1  | Y  | Y | Y | Y |  |  |  |  |  |
| First name(s):<br>PPS No.:<br>Date of birth:  |      | Yes      | M        |   | 1  |    | Y | Y | Y |  |  |  |  |  |
| First name(s):<br>PPS No.:<br>Date of birth:  |      | Yes      | <br><br> |   | 1  |    | Y | Y | Y |  |  |  |  |  |
| First name(s):<br>PPS No.:<br>Date of birth:<br>Are they living with you?   |      | Yes      |          | M | 1  |    | Y | Y | Y |  |  |  |  |  |
| First name(s):<br>PPS No.:<br>Date of birth:<br>Are they living with you?<br>Surname:                               |      | Yes      |          | M | 1  |    | Y | Y | Y |  |  |  |  |  |
| First name(s):<br>PPS No.:<br>Date of birth:<br>Are they living with you?<br>Surname:<br>First name(s):             |      | Yes      |          |   | 1  |    | Y | Y | Y |  |  |  |  |  |
| First name(s):<br>PPS No.:<br>Date of birth:<br>Are they living with you?<br>Surname:<br>First name(s):<br>PPS No.: | Chil | Yes      |          | M | 1  |    |   | Y |   |  |  |  |  |  |

Note: A separate sheet of paper can be used for details of other children you have.



### 0E4B50A2

| Part 6   |                              | Yoi                           | ır s                   | spo        | us    | e's,        | , ci | vil | pa  | rtn | er | 's ( | or c | coh | ab        | oita | nť  | s c | leta | ails |
|--|------------------------------|-------------------------------|------------------------|------------|-------|-------------|------|-----|-----|-----|----|------|------|-----|-----------|------|-----|-----|------|------|
| 38.Their PPS No.:  |                              |                               |                        |            |       |             |      |     |     |     |    |      |      |     |           |      |     |     |      |      |
| <b>39.Title:</b> (insert an 'X' or specify)  | Mr                           | •                             | ]                      | Mrs        | 5.    |             | Ms   | •   |     |     | C  | )the | er   |     |           |      |     |     |      |      |
| 40. Their surname:   |                              |                               |                        |            |       |             |      |     |     |     |    |      |      |     |           |      |     |     |      |      |
| 41.Their first name(s):  |                              |                               |                        |            |       |             |      |     |     |     |    |      |      |     |           |      |     |     |      |      |
| 42. Their birth surname:   |                              |                               |                        |            |       |             |      |     |     |     |    |      |      |     |           |      |     |     |      |      |
| 43.Their date of birth:  |                              |                               |                        |            |       |             |      |     |     |     |    |      |      |     |           |      |     |     |      |      |
| 44.Their mother's birth  | D                            | D                             |                        | Μ          | Μ     |             | Υ    | Y   | Y   | Y   |    |      |      |     | 1         |      | 1   |     | 1    | ]    |
| surname:   |                              |                               |                        |            |       |             |      |     |     |     |    |      |      |     |           |      |     |     |      |      |
| 45. Their address:   |                              |                               |                        |            |       |             |      |     |     |     |    |      |      |     |           |      |     |     |      |      |
| Only answer this<br>question if you are  |                              |                               |                        |            |       |             |      |     |     |     |    |      |      |     |           |      |     |     |      |      |
| married or in a civil partnership and do not   |                              |                               |                        |            |       |             |      |     |     |     |    |      |      |     |           |      |     |     |      |      |
| live together.   |                              |                               |                        |            |       |             |      |     |     |     |    |      |      |     |           |      |     |     |      |      |
| ive together.  |                              |                               |                        |            |       |             |      |     |     |     |    |      |      |     |           |      |     |     |      |      |
| Part 7   |                              |                               |                        |            |       |             |      |     |     | par |    | er   | 's   | or  | CO        | ha   | bit | tar | nt's | 5    |
| Part 7<br>Please complete fully th<br>Do not leave any question<br>If no income, please ent  | te re<br>on b<br>er 0        | wo<br>ema<br>lan<br>in d      | rk<br>ind<br>k.        | an<br>er o | of th | cla         | im   | d d | eta |     |    | er   | 's   | or  | co        | ha   | bi  | tar | nt's | 5    |
| Part 7<br>Please complete fully th<br>Do not leave any question  | te re<br>on b<br>er 0        | wo<br>ema<br>lan<br>in d      | rk<br>ind<br>k.<br>eac | an<br>er o | of th | cla<br>is s | im   | d d | eta |     |    | er   | 's ( | or  | co        | ha   | bit | tar | nt's | 5    |
| Part 7<br>Please complete fully th<br>Do not leave any question<br>If no income, please ent  | te re<br>on b<br>er 0        | wo<br>ema<br>lan<br>in<br>nt? | rk<br>ind<br>k.<br>eac | an<br>er o | of th | cla<br>is s | im   | d d | eta |     |    | er   | 'S ( | or  | CO        | ha   | bit | tar | nt's | 5    |
| Please complete fully th<br>Do not leave any question<br>If no income, please ent<br>46.Are they employed at pr  | te re<br>on b<br>er 0        | wo<br>ema<br>lan<br>in<br>nt? | rk<br>ind<br>k.<br>eac | an<br>er o | of th | cla<br>is s | im   | d d | eta |     |    | ler  | 's ( | or  | CO        | ha   | bit | tar | nt's |      |
| Please complete fully th<br>Do not leave any question<br>If no income, please ent<br>46.Are they employed at pro-  | e re<br>on b<br>er 0<br>esei | wo<br>ema<br>lan<br>in<br>nt? | rk<br>ind<br>k.<br>eac | an<br>er o | of th | cla<br>is s | im   | d d | eta |     |    | er   | 's   | or  | co        | ha   | bit | tar |      |      |
| Please complete fully th<br>Do not leave any question<br>If no income, please ent<br>46.Are they employed at pro-<br>If 'Yes', please state:<br>Their employer's name: | e re<br>on b<br>er 0<br>esei | wo<br>ema<br>lan<br>in<br>nt? | rk<br>ind<br>k.<br>eac | an<br>er o | of th | cla<br>is s | im   | d d | eta |     |    | er   | 's   | or  | <b>CO</b> | ha   |     | tar |      |      |
| Please complete fully th<br>Do not leave any question<br>If no income, please ent<br>46.Are they employed at pro-<br>If 'Yes', please state:<br>Their employer's name: | e re<br>on b<br>er 0<br>esei | wo<br>ema<br>lan<br>in<br>nt? | rk<br>ind<br>k.<br>eac | an<br>er o | of th | cla<br>is s | im   | d d | eta |     |    |      |      |     |           |      |     |     |      |      |
| Please complete fully th<br>Do not leave any question<br>If no income, please ent<br>46.Are they employed at pro-<br>If 'Yes', please state:<br>Their employer's name: | e re<br>on b<br>er 0<br>esei | wo<br>ema<br>lan<br>in<br>nt? | rk<br>ind<br>k.<br>eac | an<br>er o | of th | cla<br>is s | im   | d d | eta |     |    |      |      |     |           |      |     |     |      |      |

Please attach 3 of their most recent payslips.



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Part 7 continued

| Your spouse's, civil partner's or cohabitant's |
|--|
| work and claim details                         |

### 47. Are they or have they been self-employed?

|   |       | Yes                         |       |      | No         |            |      |      |      |       |      |      |      |      |      |      |     |      |
|---|-------|-----------------------------|-------|------|------------|------------|------|------|------|-------|------|------|------|------|------|------|-----|------|
| If 'Yes', please state:   |       |                             |       |      | ] -        |            |      |      |      |       |      |      |      |      |      |      |     |      |
| Type of work they do/did:   |       |                             |       |      |            |            |      |      |      |       |      |      |      |      |      |      |     |      |
| Dates of self-<br>employment: From:   |       |                             |       |      |            |            |      |      |      |       |      |      |      |      |      |      |     |      |
| To:   |       | D                           | M     | M    |            |            | Y    | V    |      |       |      |      |      |      |      |      |     |      |
| Net yearly earnings: €  |       |                             |       |      |            |            | 1    | -    | a ye | ar    |      |      |      |      |      |      |     |      |
| This is the money they have   | ave n | nade f                      | from  | self | -emp       | oloyi      | men  | t af | ter  | dec   | luc  | ting | ; ор | era  | ting | gex  | per | nses |
| 48.Are they getting any othe<br>country?  | er pe | e <mark>nsion</mark><br>Yes | or a  | llow | ance<br>No |            | m tł | ne R | lepi | ubli  | c of | Ire  | lan  | d o  | r ar | oth  | er  |      |
| If 'Yes', please state:   |       | 105                         |       |      |            |            |      |      |      |       |      |      |      |      |      |      |     |      |
| Who pays this pension:  |       |                             |       |      |            |            |      |      |      |       |      |      |      |      |      |      |     |      |
| Their claim or reference number:  |       |                             |       |      |            |            |      |      |      |       |      |      |      |      |      |      |     |      |
| Amount: €   |       | ,                           |       |      |            |            | a we | ek   |      |       |      |      |      |      |      |      |     |      |
| Please attach the most re<br>the above amount and al<br>payment is made.<br>49.Are they getting a social<br>If 'Yes', please state: | so pr | rovide                      | a 6   | mon  | ith b      | ank<br>ano | stat | em   | ent  | for   |      |      |      |      |      |      |     |      |
| Name of country:  |       |                             |       |      |            |            |      |      |      |       |      |      |      |      |      |      |     |      |
| Their claim or reference number:  |       |                             |       |      |            |            |      |      |      |       |      |      |      |      |      |      |     |      |
| Amount: €   |       | ,                           |       |      |            | ] ,        | a we | ek   |      |       |      |      |      |      |      |      |     |      |
| Please attach the most re<br>the above amount and al<br>payment is made.  |       |                             |       |      |            |            |      |      |      |       |      |      |      |      |      |      |     |      |
| 50(a). Do they own, share ir  | ו the | owne                        | ershi | p, w | ork o      | or re      | nt a | far  | mo   | or la | nd   | ?    |      |      |      |      |     |      |
|   |       | Yes                         |       |      | ] No       |            |      |      |      |       |      |      |      |      |      |      |     |      |
| If 'Yes', please state:   |       |                             | -     |      |            |            |      |      |      |       |      |      |      |      |      |      |     |      |
| Size of farm or land:   |       |                             |       | acre | S          |            |      |      |      |       |      |      |      |      |      |      |     |      |
| Herd or flock number:   |       |                             |       |      |            |            |      |      |      |       |      |      |      |      |      |      |     |      |
| Net yearly income<br>or rent from farm<br>or land:  |       | ,                           |       |      |            |            |      |      |      |       |      |      |      |      |      |      |     |      |
| 'Net yearly income' is expenses.  | s mor | ney th                      | ey h  | ave  | mad        | e fro      | om t | he   | farn | n af  | ter  | de   | duc  | ting | g op | oera | tin | g    |



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| Part / continue | Part 7 | continu | ed |
|-----------------|--------|---------|----|
|-----------------|--------|---------|----|

# Your spouse's, civil partner's or cohabitant's work and claim details

50(b). If their farm or land is let, please state net yearly income from letting:

| Net yearly income: a | € |  |  | , |  |  |  |  |  |
|----------------------|---|--|--|---|--|--|--|--|--|
|----------------------|---|--|--|---|--|--|--|--|--|

51(a). Are they taking part in any of the following courses or schemes, insert an X in the box as it applies to them and give the date they started if you insert an X in the Yes box.

|                                 |            |                     |               | ate the  | <u>y sla</u> | rieu.  |       |     |      |          |
|---------------------------------|------------|---------------------|---------------|----------|--------------|--------|-------|-----|------|----------|
| Community employment:           | Yes        | No                  |               |          |              |        |       |     |      |          |
|                                 |            |                     | D             | D        | Μ            | Μ      | Y     | Y   | Y    | Y        |
| Rural Social Scheme:            | Yes        | No                  |               | D        | M            | M      |       |     |      | v        |
| Area-Based Initiative:          | Yes        | No                  |               |          | 191          | /~1    |       |     |      | _        |
| Area-Dased Initiative.          |            |                     | D             | D        | M            | Μ      | Y     | Y   | Y    | Y        |
| Back to Work Scheme:            | Yes        | No                  |               |          |              |        |       |     |      |          |
|                                 |            |                     | D             | D        | Μ            | Μ      | Υ     | Υ   | Υ    | Υ        |
| Vocational Training             | Yes        | No                  |               |          |              |        |       |     |      |          |
| Opportunities Scheme:           |            |                     | D             | D        | Μ            | Μ      | Υ     | Υ   | Y    | Y        |
| Back to Education<br>Allowance: | Yes        | No                  |               | D        | M            | M      | V     | V   |      | V        |
| Solas/FÁS course or schemes:    | Yes        | No                  |               |          | ///          | / * 1  |       |     |      | <u> </u> |
|                                 |            |                     | D             | D        | M            | Μ      | Y     | Y   | Y    | Y        |
| School or college:              | Yes        | No                  |               |          |              |        |       |     |      |          |
|                                 |            |                     | D             | D        | Μ            | Μ      | Y     | Υ   | Y    | Υ        |
| Other course or scheme:         | Yes        | No                  |               |          |              |        |       |     |      |          |
| If 'Yes', please state:         |            |                     |               |          |              |        |       |     |      |          |
| Name of course or scheme:       |            |                     |               |          |              |        |       |     |      |          |
| Date they started: From:        |            |                     |               |          |              |        |       |     |      |          |
| To:                             |            |                     |               |          |              |        |       |     |      |          |
|                                 | DD         | M M Y               | YYY           |          |              |        |       |     |      |          |
| 51(b). Please state what the    | ey get pai | d for doing thi     | s scheme o    | or cours | se:          |        |       |     |      |          |
| €                               |            |                     | a week        |          |              |        |       |     |      |          |
| 52.Do they own stocks, sha      |            | ding shares in      |               | or Co    | on           | annui  | tion  | hou | adc  |          |
| insurance policies) or inv      | vestment   | s in the Repub      | lic of Irelan | d or an  | oth          | er cou | intry | ?   | ius, |          |
|                                 | Yes        | No                  |               |          |              |        |       |     |      |          |
| If 'Yes', please state:         |            |                     |               |          |              |        |       |     |      |          |
| Name of company:                |            |                     |               |          |              |        |       |     |      |          |
| Number of shares held:          |            |                     |               |          |              |        |       |     |      |          |
| Total value of these $\epsilon$ |            |                     |               |          |              |        |       |     |      |          |
| shares:                         |            | ,<br>ttach a statem | ent to sho    | w detai  | ls ar        | nd cur | ront  | ma  | rkot | value    |
| Page 14                         | r icase a  |                     |               | w ucial  | is al        |        | Tent  | ma  | INCL | value.   |
| 74A53AD2                        |            |                     |               |          |              |        |       |     |      |          |

### Part 7 continued

# Your spouse's, civil partner's or cohabitant's work and claim details

53.Do they have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country?

|  |      | Yes    |      |        | No   |      |  |  |  |  |  |  |
|--|------|--------|------|--------|------|------|--|--|--|--|--|--|
| If 'Yes', please state:                      | Fina | ancial | Inst | itutio | on 1 |      |  |  |  |  |  |  |
| Name of financial institution:               |      |        |      |        |      |      |  |  |  |  |  |  |
| Bank Identifier Code (BIC):                  |      |        |      |        |      |      |  |  |  |  |  |  |
| International Bank<br>Account Number (IBAN): |      |        |      |        |      |      |  |  |  |  |  |  |
| Current balance: €                           |      |        | ,    |        |      |      |  |  |  |  |  |  |
| Is this account a joint account?             |      | Yes    |      |        | No   |      |  |  |  |  |  |  |
| Name(s) of account holder                    | (s): |        |      |        |      |      |  |  |  |  |  |  |
| Name 1:                                      |      |        |      |        |      |      |  |  |  |  |  |  |
| Name 2 (if any):                             |      |        |      |        |      |      |  |  |  |  |  |  |
|  | Fina | ancial | Inst | itutic | on 2 |      |  |  |  |  |  |  |
| Name of financial institution:               |      |        |      |        |      |      |  |  |  |  |  |  |
| Bank Identifier Code (BIC):                  |      |        |      |        |      |      |  |  |  |  |  |  |
| International Bank                           |      |        |      |        |      |      |  |  |  |  |  |  |
| Account Number (IBAN):                       |      |        |      |        |      |      |  |  |  |  |  |  |
| Current balance: €                           |      |        | ,    |        |      |      |  |  |  |  |  |  |
| Is this account a joint account?             |      | Yes    |      |        | No   |      |  |  |  |  |  |  |
| Name(s) of account holder                    | (s): |        |      |        |      | <br> |  |  |  |  |  |  |
| Name 1:                                      |      |        |      |        |      |      |  |  |  |  |  |  |
| Name 2 (if any):                             |      |        |      |        |      |      |  |  |  |  |  |  |



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| Part 7 continued                             | Your spouse's, civil partner's or cohabitant's work and claim details |
|--|---|
|  | Financial Institution 3   |
| Name of financial institution:               |   |
| Bank Identifier Code (BIC):                  |   |
| International Bank<br>Account Number (IBAN): |   |
|  |   |
| Current balance: $\mathbf{\in}$              |   |
| Is this account a joint account?             | Yes No  |
| Name(s) of account holder                    | (s):  |
| Name 1:                                      |   |
| Name 2 (if any):                             |   |

Please attach an original statement for each account, showing transactions for the last 3 months.

If they have any other accounts you must give details of them to this Department on a separate sheet of paper.

54(a). Do they own or share in the ownership of property apart from their home?

|  | Yes            | No            |               |              |              |           |       |
|--|----------------|---------------|---------------|--------------|--------------|-----------|-------|
| If 'Yes', please state:                        |                |               |               |              |              |           |       |
| Type of property:                              |                |               |               |              |              |           |       |
| Address of property:                           |                |               |               |              |              |           |       |
| 'Property' would be an<br>apartment, business  |                |               |               |              |              |           |       |
| property, another house or                     |                |               |               |              |              |           |       |
| land other than that mentioned at question 50. |                |               |               |              |              |           |       |
| Current market value: $\epsilon$               | ,              | ,             |               |              |              |           |       |
| Rent from this <b>€</b> property:              | I              |               | a week        |              |              |           |       |
|  | Please provide | e a valuatio  | n from an a   | uthorised a  | auctionee    | r or val  | uer.  |
| Outstanding mortgage €<br>on property:         | <b>T</b>       | <b>_</b>      | •             |              |              |           |       |
| ,  | If mortgaged p | lease attac   | h a recent st | atement fr   | om lendin    | institu   | ution |
| Note: A separate sheet of pa                   | per can be use | d for details | s of any add  | itional prop | perties that | at they h | nave. |
| 54(b). If they have a room le                  | t in the prope | rty they are  | e currently r | esiding in,  | please sta   | ate:      |       |
| Weekly income: €                               | ,              |               | a week        |              |              |           |       |
|  |                |               |               |              |              |           |       |
|  |                |               |               |              |              |           |       |



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| Part 7 continued  | Your spouse's, civil partner's or cohabitant's<br>work and claim details   |
|---|--|
| 55. Are they receiving<br>maintenance?<br>If 'Yes', please state: | Yes No   |
| Amount:   | € , a week   |
|   | Please provide a copy of the maintenance agreement.  |
| 56.Are they paying maintenance?                                   | Yes No   |
| If 'Yes', please state:<br>Amount:                                | € , a week   |
|   | Please provide a copy of the maintenance agreement.  |
|   | eive any additional income or money in the coming 12 months from<br>hat is for example a claim for compensation arising out of an<br>of property, etc.)? |
|   | Yes No   |
| If 'Yes', please give de  | tails in the space provided:   |

| <br> | <br> |  |
|------|------|--|



| C54A96C5                       |  |
|--------------------------------|--|
| Part 7 continued               | Your spouse's, civil partner's or cohabitant's work and claim details  |
| 58.Do they have any other in   | ncome from the Republic of Ireland or another country?   |
| [                              | Yes No   |
| If 'Yes', please give details  | s in the space provided:   |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
| 59.Did they sell or transfer p | property or business in the last three years?  |
|                                | Yes No   |
| If 'Yes', please give details  | s in the space provided and attach a copy of the deed of transfer:   |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
| 60. Have they moved from th    |  |
| If 'Vac' places outling the    | Yes No   |
|                                | e circumstances in the space provided. If their home is rented,<br>e or otherwise being used, please give details:   |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
| 61.Did they recently sell the  | ir home to buy another?  |
|                                | Yes No   |
|                                | e circumstances in the space provided and attach supporting om their solicitors regarding the financial transaction. |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
| Page 18                        |  |



A91E50AC

| Part 8  | Ι     | Def  | tai  | ls   | of     | pe   | erso  | on    | yo   | ou a | are            | e ca  | ari  | ng   | ; fo  | r    |      |      |      |     |
|---|-------|------|------|------|--------|------|-------|-------|------|------|----------------|-------|------|------|-------|------|------|------|------|-----|
| 62.Their PPS No.:   |       |      |      |      |        |      |       |       |      |      |                |       |      |      |       |      |      |      |      |     |
| <b>63.Title:</b> (insert an 'X' or specify)                     | Mr.   |      |      | Mrs  | •      |      | Ms    |       |      |      | (              | Dthe  | er   |      |       |      |      |      |      |     |
| 64. Their surname:  |       |      |      |      |        |      |       |       |      |      |                |       |      |      |       |      |      |      |      |     |
| 65.Their first name(s):   |       |      |      |      |        |      |       |       |      |      |                |       |      |      |       |      |      |      |      |     |
| 66.Their birth surname:   |       |      |      |      |        |      |       |       |      |      |                |       |      |      |       |      |      |      |      |     |
| 67.Their date of birth:   | D     | D    |      | Μ    | Μ      |      | Y     | Y     | Y    | Y    |                |       |      |      |       |      |      |      |      |     |
| 68. Their address:  |       |      |      |      |        |      |       |       |      |      |                |       |      |      |       |      |      |      |      |     |
|   |       |      |      |      |        |      |       |       |      |      |                |       |      |      |       |      |      |      |      |     |
|   |       |      |      |      |        |      |       |       |      |      |                |       |      |      |       |      |      |      |      |     |
|   |       |      |      |      |        |      |       |       |      |      |                |       |      |      |       |      |      |      |      |     |
| 69.Their mother's birth<br>surname:                             |       |      |      |      |        |      |       |       |      |      |                |       |      |      |       |      |      |      |      |     |
| 70. Have you or anyone appli                                    | ed f  | or I | Don  | nici | liar   | y C  | are   | Alle  | owa  | nce  | e fo           | r th  | em   | ?    |       |      |      |      |      |     |
|   |       | Yes  | 5    |      |        |      | No    |       |      |      |                |       |      |      |       |      |      |      |      |     |
| 71. What other type of<br>payment are they<br>getting, if any?  |       |      |      |      |        |      |       |       |      |      |                |       |      |      |       |      |      |      |      |     |
| Please nan  | le o  | nlv  | the  | soc  | rial y | wel  | fare  | nav   | /me  | ent( | s) fr          | om    | Irel | and  | or    | ano  | the  | r co | unt  | rv  |
| 72.1s the person being cared                                    |       |      |      |      |        |      |       |       |      |      |                |       |      |      | 0.    |      | circ |      | arre |     |
|   |       | Yes  |      | -    |        | _    | No    |       |      |      | -              |       |      |      |       |      |      |      |      |     |
| 73.Is the person named above                                    | e at  | ter  | din  | g a  | day    | y ca | ire o | or r  | eha  | bili | tati           | ve d  | ent  | tre? |       |      |      |      |      |     |
|   |       | Yes  | 5    |      |        |      | No    |       |      |      |                |       |      |      |       |      |      |      |      |     |
| Note: A person is regarded a<br>the daytime only. If the person | on s  | tay  | s ov | vern | igh    | t al | t the | e ca  | re f | faci | l <b>ity</b> , | yo    | u m  | -    |       |      |      |      |      | -   |
| 74. If the person stays overnig                                 | gnt a | αια  | Ca   | reia | acii   | lly  |       | ent   | re,  | piea | ase            | รเล   |      |      |       |      |      |      |      |     |
| Name of centre:   |       |      |      |      |        |      |       |       |      |      |                |       |      |      |       |      |      |      |      |     |
| Address of centre:  |       |      |      |      |        |      |       |       |      |      |                |       |      |      |       |      |      |      |      |     |
|   |       |      |      |      |        |      | <br>  |       |      |      |                | <br>  |      |      |       |      |      |      |      |     |
| Talanhana numbar of   |       |      |      |      |        |      | <br>  |       |      |      |                |       |      |      | 1     |      |      |      |      |     |
| Telephone number of<br>centre:                                  |       |      |      |      |        |      |       |       |      |      |                |       |      |      | L     | AN   | D    |      | NE   |     |
| Number of days they attend:                                     |       | a١   | wee  | k    |        |      |       |       | Nu   | mbe  | er o           | f nig | hts  | they | / att | end  | :    | á    | a we | eek |
|   | Plea  | ase  | atta | ach  | lett   | er o | of co | onfir | ma   | tion | fro            | m c   | lay  | care | e ce  | ntre |      |      | Do   | 10  |



| EA5EA795  |   |
|---|---|
| Part 8 continued  | Details of person you are caring for  |
| 5.Has anyone else ever ap   | oplied or received Carer's Allowance for this person?   |
|   | Yes No  |
| 6.Does the person you are   | e caring for live with you?   |
|   | Yes No  |
| <b>If 'No', please state:</b><br>Number of hours you<br>provide care: | a day   |
| Number of days you provide care:                                      | a week  |
| Does anyone else live wi  | th the person you are caring for?   |
|   | Yes No  |
| If 'Yes', please give detail  | s in the space provided.  |
|   |   |
|   |   |
| The distance between the households:                                  | kilometres  |
| Is there a direct commun<br>Community Alert alarm)                    | ication link between the households (ie landline, mobile phone or   |
| -   | Yes No  |
| If 'No', please give details  | s of other direct link in the space provided.   |
|   |   |
|   |   |
| Details of daily duties yo  | u perform looking after this person:  |
|   |   |
|   |   |
|   |   |
| Have you moved from y   | our home to live with the person who you are caring for?  |
|   | Yes No  |
| people or otherwise be  | ils in the space provided if your home is rented, occupied by other ing used:   |
|   |   |
|   |   |
|   |   |
| Allowance Section, Socia<br>online at www.welfare.i                   | re than one person, also complete form CR 2 and send it to Carer's<br>al Welfare Services, Ballinalee Road, Longford. You can get form CR 2<br>e or from your local Social Welfare Office. If you are caring for more<br>complete a CR 2 form for each additional person. |
| Page 20   |   |



### BCE0C6F7 Part 9

### Checklist

### Have you enclosed the following?

- You and your spouse's, civil partner's or cohabitant's most recent payslips (if you or your spouse, civil partner or cohabitant were employed during the last 12 months)
- Statements from all financial institutions showing the last 3 months transactions (internet printouts are not accepted)

(if you or your spouse, civil partner or cohabitant have money or investments in a financial institution)

- Your last P60 or P45 if you have left work
- A copy of the most recent accounts of the business or farm if you or your spouse, civil partner or cohabitant is self-employed. If none is available a statement from your/their accountant
- Letter from school or college
   (if you are claiming for child(ren) aged between 18 and 22 who are in full-time education)
- Copy of GNIB (Garda National Immigration Bureau) card or other relevant Visa(s) or permit(s)

If you were born, married or entered into a civil partnership or a civil union outside the Republic of Ireland:

- Your birth certificate
- Your marriage certificate or civil partnership or civil union registration certificate
- Your spouse's, civil partner's or cohabitant's birth certificate
- Your child(ren)'s birth certificate(s) (if applying for an increase for them) Note: No birth certificate is needed if you are already getting Child Benefit.

Original certificates only. We do not accept photocopies.

Remember to send in all the certificates and documents with this application, or say that you will send them later. You must ensure you attach your PPS Number to any certs so that we can associate them to your application.

Make sure that you supply all information required in this form.

Please remember your claim cannot be processed without the medical part being completed and decision on your claim will be delayed.

## Please remember to sign the Declaration in Part 1.

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



F17B0C10 Part 9 continued

Checklist

### Send this completed application form to:

Carer's Allowance Section

Department of Social Protection Social Welfare Services Government Buildings Ballinalee Road Longford

Telephone:(043) 334 0000LoCall:1890 92 77 70If you are calling from outside the Republic of Ireland please call + 353 43 3340000

#### Important: If you do not claim within 7 days you could lose benefit.

Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

### **Data Protection Statement**

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation. 180K 07-15 Page 22 HILLING INCOMPARING IN A CONTROL OF A CONTROL A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF

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### Note to carer

### Important

You do not need to send a medical report at this stage for a child for whom Domiciliary Care Allowance is being paid by this Department.

The following medical forms are in two parts. Have Section A completed and signed by the person being cared for.

You must then pass the entire medical form to the doctor of the person being cared for. The doctor may return the form to you in a sealed envelope to keep their patient's medical details confidential.

Please make sure you return the medical form along with your application.



| Medical Report for |  |
|--------------------|--|
|--------------------|--|

BB7FAE8F

Social Welfare Services Med Rpt CR1 Data Classification R



# Carer's Allowance

Part 10

T

Medical Report

Section A

Applicant details (details of person providing full-time care)

| represent actuals (actuals of person providing fair time care) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Surname:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First name:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PPS No.:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### Declaration by person receiving full-time care and attention

### Section A

### Authorisation

I need **full-time care** and **attention** and the person named in Part 1 is providing full-time care and attention to me. I will tell the Department of Social Protection if this changes.

I permit my doctor to provide you, the Department of Social Protection, with medical information that you may need for this application for Carer's Allowance.

I understand that I may need to attend a medical exam from time to time and that my right to care under the Carer's Allowance scheme may be reviewed at any time.

|  | Date: |   |   |   |   |  |
|--|-------|---|---|---|---|--|
|  |       | D | D | Μ | Μ |  |

Signature (not block letters) of the person receiving care

If you cannot sign, make a mark and have it witnessed. A witness cannot be the carer or a member of the carer's household.

|               | Date: |   |   |   |   | 2 | 0 |   |   |  |
|---------------|-------|---|---|---|---|---|---|---|---|--|
|               |       | D | D | Μ | Μ | Y | Y | Y | Y |  |
| h la al datta |       |   |   |   |   |   |   |   |   |  |

Signature (not block letters)

### Note

In signing the authorisation above, you allow your doctor to give us the medical information we need to decide if you qualify for care under the Carer's Allowance scheme.

One of our Medical Assessors will review the medical information and will treat it in strictest confidence. Although a confidential document, both medical and non-medical people will need to deal with this report.



Section B

### **Section B**

Dear Doctor,

To enable us, on behalf of your patient, to accurately assess if they qualify for care under the Carer's Allowance scheme, please complete the medical report across. The medical information provided will be reviewed by one of our Medical Assessors, who will treat it in strictest confidence. Although a confidential document, both medical and non-medical people will need to deal with this report.

You can get a special fee for fully completing and returning this report. To ensure payment please enter your DSP panel number in the box provided.

For reasons of medical confidentiality, you may wish the medical evidence for your patient to be passed to the Department's Chief Medical Adviser, without potential inspection by other people. If you have any questions on this matter, please contact the Department at the telephone number given below.

If you have any queries, please contact the Carer's Allowance Section at LoCall: 1890 92 77 70.

### Note:

The carer should already have filled Parts 1 and 8 of the application form. The person(s) being cared for must have completed Section A of this medical report.

THE COMPLETED MEDICAL REPORT FORM SHOULD BE RETURNED BY THE DOCTOR TO THE CARER WHO WILL SEND IT, ALONG WITH HIS / HER APPLICATION FORM, TO THE CARER'S ALLOWANCE SECTION.



F67A20CC Part 10 continued

Medical Report

| Section B                                   |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
|---|------|------|------|------|------|------|------|------|------|-----|------|------|------|------|------|------|-------|------|-----|--------|
| 1. Patient details                          | (ple | ease | e us | еB   | locl | k ca | pita | als) |      |     |      |      |      |      |      |      |       |      |     |        |
| Surname:                                    |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
| First name:                                 |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
| Address:                                    |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
|   |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
|   |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
|   |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
| Date of birth:                              |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
|   | D    | D    |      | Μ    | Μ    |      | Υ    | Υ    | Υ    | Y   |      |      |      |      |      |      |       |      |     |        |
| PPS No.:                                    |      |      |      |      |      |      |      |      |      |     | 1    | 1    | 1    | 1    | 1    |      |       |      |     |        |
| Mobile telephone No.:                       |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
| The patient                                 | ma   | y be | e co | nta  | ctec | l by | tex  | t m  | essa | age | in r | elat | ion  | to a | a me | edic | ala   | asse | ssm | ent.   |
| Occupation:                                 |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
| 2(a). Your patient since:                   |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
| 2(b). How often does the                    | D    | D    |      |      | Μ    |      | Y    | Υ    | _    | Y   |      |      |      |      |      |      |       |      |     |        |
| patient visit your surgery?                 |      | We   | eekl | У    |      |      |      |      | N    | lon | thly |      |      |      |      | Le   | ess ( | ofte | n   |        |
| 3. Diagnosis(es)<br>(use BLOCK CAPITALS):   |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
|   |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
| 4. ICD10 Code(s):                           |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      | ]    |       |      |     |        |
| 5. Date condition started:                  |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
|   | D    | D    |      |      | Μ    |      |      | Y    | Υ    | Y   |      |      |      |      |      |      |       |      |     |        |
| 6. How long do you expect this condition to |      |      |      |      | 3 m  |      | hs   |      |      |     |      | onth |      |      |      | 6-   | 12    | mor  | ths |        |
| continue?                                   |      | 12   | -24  | moi  | nths | 5    |      |      |      | inc | lefi | nite | ly   |      |      |      |       |      |     |        |
| 7. Please give:<br>Medical history          |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
| medical mistory                             |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
|   |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
| Surgical/Obstetrical<br>history             |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
|   |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
|   |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      |     |        |
|   | Att  | ach  | rel  | leva | nt i | ep   | orts | /te  | st r | esu | lts/ | refe | erra | ls   |      |      |       |      | Po  | ige 27 |
| 21B835F4                                    |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |       |      | , u | 3521   |

| 3EF0FDD8<br>Part 10 continued | Medical Report                    |
|-------------------------------|-----------------------------------|
|                               |                                   |
| Hospital admissions           |                                   |
|                               |                                   |
|                               |                                   |
| Date of discharge:            |                                   |
|                               | DD MM YYYY                        |
| Relevant investigations       |                                   |
|                               |                                   |
|                               |                                   |
| 8. Please give details if any | of the following apply:           |
| Attending a specialist        |                                   |
|                               |                                   |
|                               |                                   |
| On medication                 |                                   |
|                               |                                   |
|                               |                                   |
| Other treatment               |                                   |
|                               |                                   |
|                               |                                   |
| Clinical findings             |                                   |
|                               |                                   |
|                               |                                   |
| 9. Pregnant:                  | Yes No                            |
| If 'Yes', give EDD:           |                                   |
|                               | eports/results of investigations. |
| Additional Information:       |                                   |
|                               |                                   |
|                               |                                   |
| Page 28                       |                                   |



### FA797257

### Part 10 continued

# **Medical Report**

|  | A                 | BILITY/  | Disa  | BILITY <b>P</b> F | ROFILI | Ξ:     |       |        |         |        |       |         |
|--|-------------------|----------|-------|-------------------|--------|--------|-------|--------|---------|--------|-------|---------|
| 10.Indicate the degree to w following areas.   | hich you          | ır patie | ent's | conditio          | on ha  | s affe | ected | their  | ability | in A   | LL o  | of the  |
|  |                   | Norm     | al    | Mild              | Ν      | Node   | rate  | Se     | vere    | Pr     | rofou | ind     |
| Mental Health/Behaviour  | $\longrightarrow$ |          |       |                   |        |        |       |        |         |        |       |         |
| Learning/Intelligence —  |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Consciousness/Seizures –   |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Balance/Co-ordination —  |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Vision ———   |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Hearing —  |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Speech   |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Continence ———   |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Reaching   |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Manual Dexterity ———   |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Lifting/Carrying   |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Bending/Kneeling/Squatt  | ing 🔶             |          |       |                   |        |        |       |        |         |        |       |         |
| Sitting/Rising   |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Standing   |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Climbing Stairs/Ladders –  |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Walking  |                   |          |       |                   |        |        |       |        |         |        |       |         |
| 11.A Medical Assessment by<br>determine eligibility.   | one of            | the De   | epart | tment's           | Medi   | cal A  | ssess | ors m  | ay be   | requi  | ired  | to      |
| Is your patient fit to attend  | da med            | ical ass | essm  | nent?             | · ·    | Yes    |       |        | No      |        |       |         |
| If 'No', give details here:  |                   |          |       |                   |        |        |       |        |         |        |       |         |
|  |                   |          |       |                   |        |        |       |        |         |        |       |         |
| Doctor's name:   |                   |          |       |                   |        |        |       |        |         |        |       |         |
| DSP panel number:  |                   |          |       |                   | IM     | C nui  | mber  | :      |         |        |       |         |
| Address:   |                   |          |       |                   |        |        |       |        |         |        |       |         |
|  |                   |          |       |                   |        |        |       |        |         |        |       |         |
|  |                   |          |       |                   |        |        |       |        |         |        |       |         |
|  |                   |          |       |                   |        | l      |       |        |         |        |       |         |
|  |                   |          |       |                   |        |        | Do    | ctor's | officia | al sta | imp   |         |
| Doctor's Signature (not block lett   | ers)              |          |       |                   |        |        |       |        |         |        |       |         |
| Date: D D M M  | 20<br>YY          | Y Y      |       |                   |        |        |       |        |         |        |       |         |
| 0A10DCFD   |                   |          |       |                   |        | L      |       |        |         |        |       | Page 29 |
| I construction of the second |                   |          |       |                   |        |        |       |        |         |        |       |         |

#### 78E2E376

### For Official use Only

| (i)   | Eligible for Carer's Allow | vance:     |  |
|-------|----------------------------|------------|--|
| (ii)  | Review:                    |            |  |
| (iii) | DNRA:                      |            |  |
| (iv)  | Not eligible for Carer's   | Allowance: |  |
|       | Give reasons:              |            |  |
|       |                            |            |  |
|       |                            |            |  |
|       | L                          |            |  |

| Signed |    |    | Me | dic | al A | ssess | or |
|--------|----|----|----|-----|------|-------|----|
| Date:  |    |    | 2  | 0   |      |       |    |
|        | DD | MM | Υ  | Υ   | Υ    | Υ     |    |

### **Data Protection Statement**

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

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