



Employer Application form for the **Work and Access Supports**

How to complete this form?

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

To apply for Work and Access:

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

- Complete the Support Details section on this page;
- **Part 1** and **Part 3**;
- **Part 2**; only necessary if you need Workplace Needs Assessment and Workplace Adaptation;
- **Part 4, 5** or **6** depending on which support you need.

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

- Complete **Part 1**, **Part 2** if applicable, and **Part 3**.

When complete, please send this form along with any relevant supporting documents to the address given on **page 7**.

Support Details

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

Workplace Adaptation:

9

Disability Equality and Inclusion Training:

7

Workplace Needs Assessment:

□

Part 1

Employer or Company details

1. Company name:

[illegible]

2. Address:

[illegible]

County

Eircode

3. Tax or VAT number:

[illegible]

Part 1 continued**Employer or Company details**

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

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

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5. Company contact:

6. Telephone number:

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7. Email address:

Notes:

Completed forms should be sent to the address provided on **page 7**.

This application form must be accompanied by quotations.

Part 2 continued**Employee details**

for Workplace Needs Assessment or Workplace Adaptation

8. PPS Number:

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

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	Other						
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10. Surname:

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11. First names:

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12. Date of birth:

D	D	M	M	Y	Y	Y	Y		

13. Address:

County

Eircode

14. Telephone number:

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15. Email address:

16. Details of disability:

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Important: The disability or health condition should be likely to last longer than 12 months.

Information needed:

- Professional evidence confirming any disability or health condition and stating that it is likely to last longer than 12 months; **or**
- The employee is receiving a long-term disability payment.

17. Number of potential working hours each month:

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 hours.

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

18. Is this job in the public sector? ☐ Yes ☐ No

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

Part 3

Declaration

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

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

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

Your name:

Your position in the organisation:

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Date:

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Signature, **not** capital letters.

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

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

The Assessment:

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

Stage 2 – The assessment and recommendations:

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

Will the employee require Communication Support to help for the Workplace Needs Assessment to take place?

☐

Yes

☐

No

If **yes**, please indicate what support is required:

☐

Sign language interpreter

☐

Lip speaker

☐

Other

If **other**, please specify:

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

An employer or an organisation can apply for funding to arrange and pay for disability, equality and inclusion training for their staff. The training courses should be tailored to address the specific needs of a workplace. The level of funding available depends on whether the course is certified by Quality and Qualifications Ireland (QQI) or any other nationally recognised governing body.

Total number employed:

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Is funding being sought for this training from any other source or scheme?

☐ Yes

☐ No

If **yes**, please provide further information:

Training Proposal

19. Course title:

20. Course certification, if any:

21. Number of participants:

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22. Course dates:

From:	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
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Please provide an invoice from the Course Provider stating all contact details and costs. It must also include the Course Venue and Address, if different

An employer or self-employed person can apply for funding to cover the costs of necessary adaptations to equipment, technology, or a business premises which is not a person's home.

Note: Approval must be obtained before any purchase can be considered. Any adaptation completed prior to final approval being obtained will not be reimbursed.

Adaptation required:

- ☐ Adaptation of premises
- ☐ Adaptation of equipment
- ☐ Adaptation of remote location
- ☐ Adaptation of technology
- ☐ Workplace Needs Assessment

Note: Adaptation of premises will require a Workplace Needs Assessment.

Description of adaptations:

Amount requested,
excluding VAT: € , .

VAT: € , .

Total: € , .

Please attach a copy of any invoices or quotations received for the proposed adaptation.

VAT must be itemised separately.

Note: Plans should accompany workplace adaptation proposals and a timescale for completing the work should be indicated. Adaptations to premises should comply with Building Regulations and recommendations set out in Technical Guidance Document M Access for People with Disabilities, see www.gov.ie/en/publication/78e67-technical-guidance-document-m-access-and-use/

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

- ☐ Parts relevant to you completed?
- ☐ Quotations attached?
- ☐ Invoices attached, if necessary?
- ☐ Supplier Setup Form attached, if necessary?

Please send this completed application form to:

Department of Social Protection

Central Team

Finglas Intreo

PO Box 13736

Freepost FDN7696

Dublin 11

For Official Use Only

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Application form checked

☐

Additional documentation checked

Recommended by:

Date:

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Signature of Employer Relations Officer, **not** capital letters.

Employer Relations Officer's
name, in capital letters:

Approved by:

Date:

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

HEO or AP's name, in capital
letters:

Approved by:

Date:

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

Principal Officer's name, in capital
letters:

Data Protection Statement

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

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