

Please refer to the **General Conditions** before completing this form.

**YOUR DETAILS**

**Please type or complete this form in BLOCK CAPITALS**

Company Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Tax No/VAT No: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Employee: \_\_\_\_\_ PPS No: \_\_\_\_\_

Stage of Employee Retention Grant Scheme for which payment is now being sought:

(Please tick as appropriate)

Stage 1

Stage 2

**COSTS FOR WHICH PAYMENT IS BEING SOUGHT**

**Stage 1 Costs (Development of the Retention Strategy)**

	Cost €	Amount Claimed
Occupational Capacity Evaluation:	<input type="text"/>	<input type="text"/>
Workplace/Job Assessment:	<input type="text"/>	<input type="text"/>
Development of the Individual Retention Strategy:	<input type="text"/>	<input type="text"/>
Other Costs: (Details must be provided)	<input type="text"/>	<input type="text"/>
<b>TOTAL (All relevant invoices/receipts must be attached):</b>	<input type="text"/>	<input type="text"/>

Please attach the following and check the box  to indicate that each document has been included

	DEASP Use Only	
Copy of written Retention Strategy:	<input type="checkbox"/>	<input type="checkbox"/>
Invoices/receipts of payment(s) to Specialist(s) ['Claim Requirements' (iii)(a)]:	<input type="checkbox"/>	<input type="checkbox"/>
Copy of relevant bank statement ['Claim Requirements' (iii)(b)]:	<input type="checkbox"/>	<input type="checkbox"/>
Copy of bank draft (if applicable) ['Claim Requirements' (iii)(c)]:	<input type="checkbox"/>	<input type="checkbox"/>
Current Tax Clearance Cert (TCC)/Electronic Tax Clearance Access No (TCAN) for Employer if not previously submitted:	<input type="checkbox"/>	<input type="checkbox"/>
Current Tax Clearance Cert(s) (TCC)/Electronic Tax Clearance Access No(s) (TCANs) for Specialist(s) or their employer(s), if not previously submitted:	<input type="checkbox"/>	<input type="checkbox"/>

# Employee Retention Grant Scheme

## KEEPING PEOPLE IN WORK

### ERG Claim Form

Stage 2 Costs (Implementation of the Retention Strategy)	No. of hours	Cost	Amount Claimed
Amount € claimed to date: (if previous claim has been made)		<input type="text"/>	<input type="text"/>
Job Coach:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialist (external) co-ordination:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Training or retraining: (as per details outlined in the Retention Strategy)		<input type="text"/>	<input type="text"/>
Other Costs: (Please specify)		<input type="text"/>	<input type="text"/>
<b>TOTAL THIS CLAIM: (All relevant invoices/receipts must be attached)</b>		<input type="text"/>	<input type="text"/>
<b>Total amount claimed, including previous and current claims:</b>		<input type="text"/>	<input type="text"/>

Please attach the following and check the box  to indicate that each document has been included

		DEASP Use Only
Invoices/receipts of payment to Specialist and/or Job Coach ['Claim Requirements' (iii)(a)]:	<input type="checkbox"/>	<input type="checkbox"/>
Invoices/receipts of payment to Trainers and/or others where applicable ['Claim Requirements' (iii)(a)]:	<input type="checkbox"/>	<input type="checkbox"/>
Copy of relevant bank statement(s) ['Claim Requirements' (iii)(b)]:	<input type="checkbox"/>	<input type="checkbox"/>
Copy of bank drafts (if applicable) ['Claim Requirements' (iii)(c)]:	<input type="checkbox"/>	<input type="checkbox"/>
Current Tax Clearance Certificate (TCC)/Electronic Tax Clearance Access No (TCAN) for Employer, if not previously submitted:	<input type="checkbox"/>	<input type="checkbox"/>
Current Tax Clearance Certificate(s) (TCC)/Electronic Tax Clearance Access No(s) (TCANs) for Specialist(s) or their employer(s), if not previously submitted:	<input type="checkbox"/>	<input type="checkbox"/>

**Claimants for either Stage 1 or Stage 2 must complete this declaration:**

**I declare that the information contained in this claim form is correct to the best of my knowledge and that I am authorised to sign this statement on behalf of the organisation named therein.**

**Name:** \_\_\_\_\_

**Position in Company:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Completed Claim Forms should be forwarded to your local Department of Employment Affairs & Social Protection Office or Intreo Centre or to the Case Officer who dealt with your application.**

# Employee Retention Grant Scheme

## KEEPING PEOPLE IN WORK

### ERG Claim Form

#### FOR DEASP USE ONLY

Yes No

1. Has all of the necessary documentation been received?  Yes  No
2. Have the conditions of the scheme been adhered to?  Yes  No
3. Is there any outstanding debt owed to DEASP by the employer?  Yes  No

If yes, please give details below:

Expenditure Calculations:

#### ELIGIBLE COST

	Total Cost	Funding Eligible	For Payment
<b>Stage 1:</b> Development of the Individualised Retention Strategy:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Costs:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Stage 2:</b> Implementation of The Retention Strategy:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Costs:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### RECOMMENDED FOR PAYMENT

Yes  No

Name of DEASP Case Officer:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### AUTHORISED FOR PAYMENT

Yes  No

Name of DEASP Assistant Principal:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed EFT Mandate sent to Accounts Payable, Dundalk - Date: