

Employee Retention Grant Scheme Keeping People in Work

Application Form Stage 1

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

EMPLOYER DETAILS

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

Company/Employer Name: Tel:
Tax No/VAT No: Fax:
Address:
Email: Contact Name:
Number of Employees (for statistical purposes only):
Nature of Business (for statistical purposes only):
Current Tax Clearance Certificate (Form TCC) No (please attach a copy) or Electronic Tax Clearance Access No
(TCAN):
EMPLOYEE DETAILS
Name of Employee on whose behalf this application is made:
Employee's PPS No:
Date of commencement of employment with your company:/
Current role in the company:
Name of employee's line manager
How many days has the employee been absent in the last 4 weeks as a result of injury/illness:
Date of notification of illness/condition/Impairment to employer://
QUALIFIED PROFESSIONAL OR EQUIVALENT SPECIALIST(S)
(as per definition in footnote on page 2 of 'General Conditions'. Give details of each specialist used in Stage 1. Use separate pages if necessary.)
Name of specialist:
Name of Organisation (if applicable):
Address:

Amended: 27/1/16 (Final version)

Tel: Fax:					
Email:					
Current Tax Clearance Certificate (Form TCC) No (please attach a copy) or Electronic Tax Clearance Access No					
(TCAN):					
Professional Qualifications held by Specialist (attach copies of certificates, diplomas, degrees):					
Professional memberships (attach copies/proofs of membership):					
Please indicate whether membership is by examination/assessment or by application:					
RETENTION STRATEGY					
Elements of the Retention Strategy – Stage 1 – for which Funding is sought					
Development of the Individualised Retention Strategy including: Cost€					
Occupational Capacity Evaluation: Workplace/Job Assessment:					
Development and writing of the individualised Retention Strategy:					
Other Costs (Please give details):					
Total cost of developing the Retention Strategy – Stage 1					
(a detailed costing <i>must</i> be attached)					
When is the Retention Strategy due to start?//					
We, the undersigned, have read and understood the General Conditions governing the Employee Retention Grant Scheme and agree to cooperate in the development of the Retention Strategy:					
Employer/Nominee:					
Employee:					
Specialist(s):					
Line Manager (if appropriate):					
Union Representative/Advocate (where appropriate):					

Amended: 27/1/16 (Final version)

CHECKLIST

CHECKEST				
Please ensure that you have included the following with your application (Check $ V $ as appropriate)				
				DEASP Only
 References for Specialist(s) from two companies who have previously availed of their services 				
 Copies of Specialist(s) qualifications and professional memberships 				
Current Tax Clearance Certificate/TCAN for your company				
Current Tax Clearance Certificate/TCAN for Specialist(s) and their employee	oloyers			
Each of the participants has signed this Application Form				
FOR OFFICIAL USE ONLY				
RECOMMENDED FOR APPROVAL BY DEASP CASE OFFICER	Yes		No	
Name of Case Officer:				
Signature:	Date	/_	/	_
APPROVED BY DEASP ASSISTANT PRINCIPAL	Yes		No	
Name of Assistant Principal:				
Signature:	Date	:/_	/	_

Amended: 27/1/16 (Final version)