



## 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: \_\_\_\_\_

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:                                 | <input type="text"/> |
| Workplace/Job Assessment:   | <input type="text"/> |
| Development and writing of the individualised Retention Strategy: | <input type="text"/> |
| Other Costs (Please give details):                                | <input type="text"/> |

**Total cost of developing the Retention Strategy – Stage 1**

(a detailed costing *must* 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): \_\_\_\_\_

