



Employee Retention Grant Scheme Keeping People in Work

Application Form Stage 2

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: _____

Current Tax Clearance Certificate (Form TCC) No (Please attach a copy) or Electronic Tax Clearance Access No (TCAN): _____

EMPLOYEE DETAILS (AS PER STAGE 1 APPLICATION)

Name of Employee on whose behalf this application is being made: _____

Employee's PPS No: _____

IMPLEMENTATION OF RETENTION STRATEGY

Elements of the Retention Strategy (Stage 2) for which funding is sought:	Estimated Cost €
Job Coach: Estimated number of hours of support: _____	<input type="text"/>
Specialist (External) Co-ordination: Estimated number of hours of support: _____	<input type="text"/>
Training/re-training: (Details to be included in retention strategy)	<input type="text"/>
Other Costs: Please specify _____	<input type="text"/>
Total estimated cost of implementing the Retention Strategy (Stage 2): (A detailed costing must be attached)	<input type="text"/>
Date on which the Implementation of the Retention Strategy is due to commence: _____	___ / ___ / ___

**QUALIFIED PROFESSIONAL OR EQUIVALENT SPECIALIST(S)
(if different from Stage 1)**

(as per definition in footnote on page 2 of 'General Conditions'. Give details of each specialist/Job Coach to be used in Stage 2. 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:

We, the undersigned, agree to co-operate in the implementation of the Retention Strategy which was submitted when claiming for Stage 1 funding:

Employer/Nominee: _____

Employee: _____

Specialist(s): _____

Line Manager (if appropriate): _____

Union Representative/Advocate (if appropriate): _____

Do you intend to apply for any of the following DEASP employment supports on behalf of the named employee?

Workplace/Equipment Adaptation Grant

Personal Reader Grant

Amended: 27/1/16 (Final version)

CHECKLIST

Please ensure that you have included the following with your application:
(Check ✓ as appropriate)

- | | |
|--|---|
| | DEASP only |
| • References for Specialist(s) from two companies who have previously availed of their services | <input type="checkbox"/> <input type="checkbox"/> |
| • Copies of Specialist(s) qualifications and professional memberships | <input type="checkbox"/> <input type="checkbox"/> |
| • Current Tax Clearance Certificate/TCAN for your company | <input type="checkbox"/> <input type="checkbox"/> |
| • Current Tax Clearance Certificate/TCAN for Specialist(s) and their Employer(s) if not previously submitted | <input type="checkbox"/> <input type="checkbox"/> |
| • Three quotes from appropriate Specialists/Job Coaches where the amount payable exceeds €5,000 | <input type="checkbox"/> <input type="checkbox"/> |
| • A written rationale for the selection, if other than the lowest quote is selected | <input type="checkbox"/> <input type="checkbox"/> |
| • Each of the participants has signed this Application Form | <input type="checkbox"/> <input type="checkbox"/> |

FOR OFFICIAL USE ONLY

RECOMMENDED FOR APPROVAL BY DEASP CASE OFFICER	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of DEASP Case Officer: _____		
Signature: _____	Date: ____ / ____ / ____	
APPROVED BY DEASP ASSISTANT PRINCIPAL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of DEASP Assistant Principal: _____		
Signature: _____	Date: ____ / ____ / ____	