



Jobseeker's Benefit (Self-Employed)

What is Jobseeker's Benefit (Self-Employed)?

Budget 2019 introduced the Jobseeker's Benefit for the Self-Employed (JBSE) scheme. This scheme will offer income support to self-employed people who are no longer engaged in self-employment and have paid PRSI Class S self-employment contributions.

How do I qualify for this scheme?

1. You may be eligible for this scheme if you are aged over 18 and under 66 and:
 - Have paid at least 156 PRSI self-employment contributions at Class S**or**
 - Have paid at least 104 PRSI employment contributions at Class A or H**and**
 - Have paid at least 52 PRSI self-employment contributions at Class S in the governing tax year. (**Governing tax year** is the second last complete tax year. For example, for a claim made in 2019 the second last complete tax year would be 2017).
2. You have ceased your self-employment activity, **and**
3. You are genuinely seeking work and are available for full-time work.

How will I be paid?

Jobseeker's Benefit for the Self-Employed will be paid into your bank account or local post office. The rate will be based on your income in the governing tax year.

You may also qualify for increases for your:

- spouse,
- civil partner,
- partner,
- co-habitant, and
- your children.

How long will the payment last?

Jobseeker's Benefit for the Self-Employed will last for a total of 6 or 9 months. The number of months depends on the total amount of PRSI self-employment contributions you have paid during your working life.

To be eligible for this scheme for 9 months you must be aged over 18 and under 66 and:

- Have paid at least 260 PRSI self-employment contributions at Class S

To be eligible for this scheme for 6 months you must be aged over 18 and under 66 and:

- Have paid less than 260 PRSI self-employment contributions at Class S

Where can I find out more information and how do I apply?

If you want to find out more about Jobseeker's Benefit for the Self-Employed, contact your local Intreo Centre or Branch Office. They will explain how the process works.

Note: Depending on your circumstances, some or all of your Jobseekers Benefit payment may be liable to income tax. Tax is not charged on increases paid for any dependent children. Tax is also not charged on the first €13 per week of your payment. The Department pays Jobseekers Benefit without deducting tax. The Department does, however, notify Revenue of the taxable amount of Jobseekers Benefit to be taken into account for income tax purposes. This means you do not have to do anything for the correct tax to be paid. Information about the taxation of social welfare payments is available from Revenue and on the Jobs and Pensions page of the Revenue website www.revenue.ie PRSI and USC are not charged on Jobseekers Benefit payments.

How to fill this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Please state:

- Personal Public Service Number (**PPS number**) **same** as RSI/Tax Number:

Applicant									Spouse, Civil Partner or Cohabitant								
FIGURES							LETTER(S)		FIGURES							LETTER(S)	
1	2	3	4	5	6	7	A		1	2	3	4	5	6	7	B	

- First name(s):

MAUREEN

SEAN

- Surname:

MURPHY

MURPHY

- Birth Surname if different:

LYNCH

- Mother's Birth Surname:

MCDERMOTT

FITZPATRICK

- Address
(If you and your spouse, civil partner or cohabitant are not living together give both Addresses):

**1 NEW STREET,
OLD TOWN,
DONEGAL TOWN,
DONEGAL**

**1 NEW STREET,
OLD TOWN,
DONEGAL TOWN,
DONEGAL**

- Postcode:

A65F4E2

A65F4E2

- Telephone/Mobile Number:

0871234567

- Email address:

EXAMPLE@mail.com

- Nationality:

IRISH

IRISH

- Normal occupation:

BUILDER

- Date of Birth:

2	8	0	2	1	9	7	0
D	D	M	M	Y	Y	Y	Y

SAMPLE



Jobseeker's Benefit (Self-Employed)

- Please complete in Black Pen.
- Please use BLOCK LETTERS.

Part 1

PERSONAL DETAILS about you and your spouse, civil partner or cohabitant: (If you do not wish to claim for a spouse, civil partner or cohabitant you do not need to list his/her details below or complete Section 6 of this form).

	Applicant	Spouse, Civil Partner or Cohabitant																																
1. Please state:																																		
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• Surname:																																		
• Birth Surname if different:																																		
• Mother's Birth Surname:																																		
• Address (If you and your spouse, civil partner or cohabitant are not living together give both Addresses):																																		
• Postcode:																																		
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D	D	M	M	Y	Y	Y	Y																											

2. Are you?

<input type="checkbox"/> Single	<input type="checkbox"/> Cohabiting	<input type="checkbox"/> Married
<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
<input type="checkbox"/> In a Civil Partnership	<input type="checkbox"/> a former Civil Partner (A civil partnership since dissolved)	<input type="checkbox"/> a surviving Civil Partner

Note: Some of the following questions may appear similar but they are necessary to complete your application and to tailor our employment support services to your individual needs.

3. Have you made an unemployment claim in the last five years?

YES NO

If **Yes**, please complete question 3a.
If **No**, please go to question 4.

3a. Were you signing on for twelve months or more?

YES NO

4. Have you been on a Community Employment Scheme in the last five years?

YES NO

If **Yes**, please complete question 4a.
If **No**, please go to question 5.

4a. Were you on this Scheme for twelve months or more?

YES NO

5. Which of the following categories best describes the highest level of education you have completed?

- No education beyond primary/national school **or** left school at or before age 15
- Junior/Intermediate or Group Certificate (or equivalent) **or** left school at 16 or 17
- Leaving Certificate/Matriculation (or equivalent) **or** left education at 18 or 19
- Third Level Award (Certificate, Diploma or Degree) **or** left education at 20 or older

6. Have you ever completed an apprenticeship training programme (i.e. qualified or got your papers)?

YES NO

7. What is the size of the location where you live? Is it:

- A rural area
- A village (up to 2,000 inhabitants)
- A town (2,000 - 10,000 inhabitants)
- Large town or city (more than 10,000 inhabitants)

8. When were you last in paid employment or self-employed?

- Still in employment (go to question 8a)
- In the last month (go to question 8b)
- In the last year (go to question 8b)
- In the last 5 years (go to question 8b)
- Over 5 years ago (go to question 8b)
- Never (go to 10)

8a. If you are still in employment how long are you in your current job?

<input type="checkbox"/>	Less than 1 month	<input type="checkbox"/>	1 - 2 years
<input type="checkbox"/>	1 - 6 months	<input type="checkbox"/>	2 years or more
<input type="checkbox"/>	6 - 12 months		

8b. If you are no longer in employment, how long did your last job last?

<input type="checkbox"/>	Less than 1 month	<input type="checkbox"/>	1 - 2 years
<input type="checkbox"/>	1 - 6 months	<input type="checkbox"/>	2 years or more
<input type="checkbox"/>	6 - 12 months		

9. If you are still in employment, what are your gross weekly earnings?

€ .

Gross weekly earnings are your weekly earnings before tax, PRSI, union dues or other deduction.

If you are no longer in employment, what were your gross weekly earnings?

€ .

10. Do you have the use of a car, van or motorcycle?

YES NO

11. Do you live within usable distance of public transport?

YES NO

12. Have you ever thought about moving location to take up a job?

YES NO

13. Have you any difficulty with reading or writing or numbers?

YES NO

14. In general, how would you describe your health?

Would you say it is?

<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Very Bad
<input type="checkbox"/>	Good	<input type="checkbox"/>	Bad
<input type="checkbox"/>	Fair		

15. How well do you speak English?

<input type="checkbox"/>	Very Well	<input type="checkbox"/>	Not Well
<input type="checkbox"/>	Well	<input type="checkbox"/>	Not at all

16. In which country were you born?

17. Please state:

- Business Name:
- Employer's Registration Number:
- Business Address:

- Nature of Business:

18. When did your self-employment cease?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y		

19a. Why did your self-employment cease?

19b. Has your self-employment ceased on a seasonal or temporary basis?

YES NO

20. Do you have a current tax clearance certificate from The Revenue Commissioners?

YES NO

I authorise an officer of the Department of Employment Affairs and Social Protection to check my Tax Clearance Certificate using Revenue On-Line Services.

YES NO

Tax Clearance Access Number (TCAN):

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Tax certificate number:

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21. What is your employment status?

- Working full-time
- Working casually
- CE/SOLAS/TÚS
- Never worked
- Working part-time
- Fully unemployed
- Self-employed (including farming)
- Other: _____

22. Please state:

- Your current/most recent Employer's name:
- Address of Employer:

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- Your occupation:
- Dates of employment:

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From

D	D	M	M	Y	Y	Y	Y										

To

D	D	M	M	Y	Y	Y	Y										

Work Pattern

I work(ed) hours	I work(ed) days
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- If still in employment please give details:

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23a. Have you had any other employment in Ireland in the last 2 years? YES NOIf **Yes**, please state:

- Name of employer:
- Address of employer:

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23b. Have you had any other employment in another EU country in the last 2 years? YES NOIf **Yes**, please state:

- EU country:
- Social Security Number/
European Number:

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24. Please State:

- Type of work you are looking for?
- Are you available for full-time work?
- Are you looking for full-time work?
- Would you accept any other type of work?

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 YES NO YES NO YES NOIf **No**, please give details:

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Part 5

Details of Availability/Efforts to Find Work

25. Are you currently registered with any school, college or university?

YES

NO

If **Yes**, please state:

- Name of college
- Course name
- What type of student are you registered as?
- Hours of attendance (evenings included)
- When will the course end?
- Do you intend to resume college education in the coming academic year?

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Full-time Part-time Online

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YES

NO

26. Are you receiving or have you recently applied for any Social Welfare (including Working Family Payment)/Social Security payments from this Department or from any other EU member state?

YES

NO

If **Yes**, please state:

- Type of payment:
- Claim number:
- Weekly amount:
- Source of payment:
- Country of payment:

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27. Is anyone claiming for **you** as a Qualified Adult on their Social Welfare payment?

YES

NO

If **Yes**, please state:

- Type of payment:
- Their name:
- Weekly amount:
- Their PPS number:

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Part 6

Your Spouse/Civil Partner or Cohabitant's Income Details

28. Do you wish to claim for a spouse/civil partner or cohabitant?

YES NO

If **Yes**, please answer questions 29 to 35.
If **No**, please go to question 36.

29. Does your spouse/civil partner or cohabitant have any account(s) in a Bank, Building Society, Post Office, Credit Union or any other financial institution in Ireland or any other country or any cash savings?

YES NO

If **Yes**, please state the total amount of savings:

€ , .

30. Does your spouse/civil partner or cohabitant have any investment accounts including stocks, bonds or shares in Ireland or any other country?

YES NO

If **Yes**, please state the total value of the investments:

€ , .

31. Does your spouse/civil partner or cohabitant have earnings or income from full-time or part-time employment, or self-employment including farming in Ireland or any other country?

YES NO

If **Yes**, please state:

- How often is s/he paid?
- His/her gross weekly income

Weekly Fortnightly Monthly

€ .

Gross weekly income is your weekly income before tax, PRSI, union dues or other deductions.

Please attach the latest pay slips or Form UP1(f) if self-employed

32. Does your spouse/civil partner or cohabitant receive any payment under a Maintenance Grant or a Deed of Covenant?

YES NO

If **Yes**, please state total weekly amount:

€ , .

33. Does your spouse/civil partner or cohabitant have other income from any other source? (Compensation, redundancy, rental income, private pension, etc.)

YES NO

If **Yes**, please state:

Source of any other income:

Weekly amount:

€ , .

Total amount
(Redundancy/Compensation):

€ , .

34. Does your spouse/civil partner or cohabitant have a social welfare payment from any other country?

YES NO

If **Yes**, please state:

Country of payment:

Type of payment:

Weekly amount:

€ .

Address of issuing office:

Social Security Number:

35. Does your spouse/civil partner or cohabitant have any house, property or land not occupied by you, in Ireland or any other country?

YES NO

If **Yes**, please give details:

36. Do you wish to apply for an increase for children who normally live with you and who are being supported by you?
 If **Yes**, how many children do you wish to claim for?:

YES NO

Under age 18

Age 18-22 in full-time education

Please state:

Child 1

Does the child live with you?

YES NO

Surname:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First name(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship to you:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Child 2

Does the child live with you?

YES NO

Surname:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First name(s):

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Relationship to you:

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Child 3

Does the child live with you?

YES NO

Surname:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First name(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship to you:

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PPS Number:

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You must attach written confirmation from the school or college for the child(ren) aged 18-22.
Note: A separate sheet of paper can be used for details of additional children, if any.

Part 8

Late Claims

37. If you did not claim when your self-employment activity ceased please state the reason why.

Please state the date from which you wish to claim:

D	D	M	M	Y	Y	Y	Y

Part 9

Optional Jobseeker's Allowance

38. Do you wish to apply for Optional Jobseeker's Allowance if you do not qualify for the full rate of Jobseeker's Benefit for the Self-Employed?

YES NO

Part 10

Payment Method

Note: You can get your payment direct to your current, deposit or savings account in a financial institution or at a Post Office of your choice. An account must be in your name or jointly held by you. Please complete one option below.

39. Please give details of the financial institution at which you wish to receive your payment.

Name of financial institution:

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Bank Identifier Code (BIC):

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International Bank

Account Number (IBAN):

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Name of Account Holder:

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Post Office Name and Address:

I declare that,

- a) My self-employment activity has ceased.
- b) I am capable of, available for and genuinely seeking work.
- c) I have not claimed nor am I getting any other benefit, pension or allowance from any source apart from those shown in this form.
- d) I will notify the Department if I get work.

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, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances (commence employment/self-employment, family circumstances etc.) which may affect my continued entitlement.

YOUR SIGNATURE	DATE
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(**NOT** block letters)

If you are not able to sign, your mark should be made and witnessed. The witness should sign below.

WITNESS SIGNATURE	DATE
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NAME OF WITNESS
ADDRESS OF WITNESS

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

Please bring or post this completed application form to your local Intreo Centre or Branch Office when you attend to make your claim.

Between: The Department of Employment Affairs and Social Protection and

PPS Number _____,

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The Department of Employment Affairs and Social Protection is committed to providing comprehensive employment support and income support services to our clients. Our goal is to help our clients in two ways: firstly by providing income support during periods of unemployment; secondly by helping clients to find work.

In return we would like you, our client, to commit yourself to work with us as we work to help you. This document records our mutual obligations to each other.

Our Promise to You

- We will do all we can to process claims as quickly and as efficiently as possible.
- We will pay income support payment(s) as provided for in legislation in an efficient and timely manner.
- We will work to identify suitable employment, work experience or training/education/personal development opportunities for you.
- We will work with you to help you prepare your Personal Progression Plan to assist you to take the right steps to employment.
- We will monitor and review progress against this plan with you.
- We will meet with you normally by appointment and give you fair notice of all such appointments.
- We will treat you with dignity and respect and honour the confidentiality of our relationship.

For and on behalf of the Department of Employment Affairs and Social Protection.

Signed: _____

Your Promise to Us

- I will work to secure employment at the earliest possible opportunity.
- I will work with the Department to agree my Personal Progression Plan.
- I will attend meetings to which I am invited by the Department.
- I will follow up all suggestions and take up any work placement, work experience and/or training/personal development places notified to me by the Department.
- I will inform the Department immediately if I find work, or if I am no longer available for work.
- I will treat the staff of the Department with dignity and respect and honour the confidentiality of my relationship with the Department.
- I will provide the Department with all information requested to assess any claim for income support.
- I will abide by the Declaration in my Jobseeker's Allowance or Benefit Application Form.

I understand that failure to adhere to my promises above may result in the reduction or withdrawal of any income support payments which would otherwise be due to me and that I could be prosecuted for making a false declaration or withholding information in relation to my claim.

Signed: _____

Have you?

- Answered all questions in the Parts that are relevant to you
- Completed Part 2
- Authorised the Department of Employment Affairs and Social Protection to check your Tax Clearance Certificate using Revenue On-Line Services
- Provided bank details into which payment can be made
- Signed the Declaration in Part 11
- Signed the Record of Mutual Commitments (Part 12)
- Included a letter from school or college (if you are claiming for child(ren) aged between 18 and 22 who are in full-time education)

Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.welfare.ie/dataprotection or in hard copy.

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