

REASONABLE ACCOMMODATION FUND FOR THE EMPLOYMENT OF PEOPLE WITH A DISABILITY

Application form - Section 1 – Employee/Job Applicant and Employer/Company information

Employee/Job Ap	plicant details	
Name of Employe	e/Job Applicant:	
Address:		
Date of birth:		
Male:	Female: Telephone:	
Email:		
	ty:	
•	ent employment: years o Interview Interpreter Grant)	months
Employer/Compa	<u>ny Details</u>	
Company name:		
Address:		
Tax No/VAT No:		
Company contact	:	
Telephone:		
Email:		Company/Employer Stamp
Notes:		
Centre. If you your applicati	orms should be sent to your local DSP IN know the name of the Case Officer deali on please address the application to him on form Section 1 must be accompanied	ng with n/her.

Section 2 application for the particular Support, for example, Work Equipment/Adaptation

Grant, Job Interview Interpreter Grant, Personal Reader Grant, etc.

Amended: 19/11/18 (Final version)



Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law.

Our data protection policy is available at www.gov.ie/dsp/privacystatement.

Amended: 19/11/18 (Final version)