

# Application form for Back to Work Family Dividend

Social Welfare Services

**BTWFD 1**

Data Classification R



## What is Back to Work Family Dividend (BTWFD)?

The Back to Work Family Dividend (BTWFD) scheme helps families move from social protection into work. It gives financial support to people with qualified children who are in or take up employment or self-employment and stop claiming a Jobseeker's payment or One-Parent Family Payment.

If you qualify, you will receive a weekly payment for up to two years. For the first year the amount is 100% of the qualified child increase up to a maximum of four children. This will reduce to 50%, or half that amount, for the second year.

## Who can get Back to Work Family Dividend?

You may qualify for BTWFD if you are under 66 years of age and have been paid for children on one of the following payments:

- One-Parent Family Payment (OFP);
- Jobseeker's Transitional Payment (JST); or
- Jobseeker's Benefit or Allowance for at least 12 months in total and for at least 6 months in the last year.

And you or your spouse, civil partner or cohabitant must exit social protection, other than Working Family Payment (WFP) and Child Benefit (CB), for one of the following reasons:

- Being in or taking up employment, or
- Being in or taking up self-employment.

**Note:** Working Family Payment (WFP) is a means tested payment and it is only payable where a person works 38 hours or more every two weeks. BTWFD can be paid with WFP and does not impact on the WFP means test.

## How long will the payment last and how will I be paid?

BTWFD is a weekly payment into your bank account. It will last for up to two years, if you or your spouse, civil partner or cohabitant remain in employment. If you or your spouse, civil partner or cohabitant return to claim a social protection payment at any time within the two year period, the BTWFD payment will stop. If you or your spouse, civil partner or cohabitant lose your job, the BTWFD claim will stop, but it may restart if you or your spouse, civil partner or cohabitant get a new job. There is a maximum of two restarts per claim.

## How do I complete this form?

- Tear off this page and use it as a guide to filling in this form, there are examples on the back.
- Write with a black ballpoint pen, use capital letters and place an X in the relevant boxes.
- Answer **all questions** that apply to you in **Parts 1 to 6** and sign the declaration in **Part 1**.
- Ask your employer to fill in **Part 7** and to sign, date and stamp it.

## How do I apply?

To apply, fill in this form and return it, with the relevant supporting documentation, to your local Intreo Centre or Social Welfare Branch Office. You can find the name and address of your local Intreo Centre or Social Welfare Branch Office by visiting [www.gov.ie/intreocentres](http://www.gov.ie/intreocentres)

## How can I get help and further information?

If you need any help to complete this form, please contact the your local Intreo Centre or Social Welfare Branch Office or any Citizens Information Centre.

For more information, visit [www.gov.ie/BWFD](http://www.gov.ie/BWFD)

## How to fill in this form

To help us to process your application write letters and numbers clearly and use one box for each. Please see examples below.

### Part 1

### Your details

1. Your PPS Number:	1	2	3	4	5	6	7	T											
2. Title, insert an <b>X</b> or specify:	Mr	<input type="checkbox"/>	Mrs	<input checked="" type="checkbox"/>	Ms	<input type="checkbox"/>	Other												
3. Surname:	M	U	R	P	H	Y													
4. First names:	M	A	U	R	E	E	N												
5. Your first name as on your birth certificate:	M	A	R	Y															
6. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M		Y	Y	Y	Y									
7. Your address:	1		N	E	W		S	T	R	E	E	T							
	O	L	D		T	O	W	N											
	D	O	N	E	G	A	L		T	O	W	N							
	County		D	O	N	E	G	A	L		Eircode		F	9	4	T	C	0	3
8. Your telephone number:	0	8	8	1	2	3	4	5	6	7	8								
9. Your email address:	M	M	A	U	R	E	E	N	@	W	E	L	F	A	R	E	.	I	E

# SAMPLE



# Application form for Back to Work Family Dividend

## Part 1

## Your details

1. Your PPS Number:

2. Title, insert an **X** or specify: Mr  Mrs  Ms  Other

3. Surname:

4. First names:

5. Your first name as on your birth certificate:

6. Your date of birth:

D D      M M      Y Y Y Y

7. Your address:

County           Eircode

8. Your telephone number:

9. Your email address:

## Declaration

I wish to claim Back to Work Family Dividend and 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 which may affect my continued entitlement.

Date:

D D      M M      Y Y Y Y

Signature, **not** capital letters.

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

## Part 1 continued

## Your details

10. Is your spouse, civil partner or cohabitant getting any payment from this department or getting any payment for a course of training, education or employment run by this department?  Yes  No

If **yes**, please state:

Name of payment:

Amount they get: € , .  a week

**Note:** A separate sheet of paper can be used for any additional information that you wish to provide.

## Part 2

## Your employment or self-employment details

11. Are you or your spouse, civil partner or cohabitant:

In or starting employment?  Yes  No

In or starting self-employment?  Yes  No

If **yes**, please state:

Starting date of employment:     
D D M M Y Y Y Y

or

Starting date of self-employment:     
D D M M Y Y Y Y

Please provide employer name and address or details of self-employment:

## Part 3

## Declaration of self-employment

Starting date of self-employment:     
D D M M Y Y Y Y

I declare that I am self-employed. I attach my self-employment registration certificate from the Office of the Revenue Commissioners.

Date:     
D D M M 2 0 Y Y Y Y

Signature, **not** capital letters.

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

12. Have you received a Back to Work Family Dividend payment before?  Yes  No

If **yes**, please give details:

13. What is the most recent type of social welfare payment excluding Child Benefit or Working Family Payment you have been getting?

Name of payment:

Weekly amount: € , .

14. Have you just left any of the following courses or schemes?

Type of course or scheme	If yes (X)	Date you started course or scheme				Date you finished course or scheme			
		DD	MM	YYYY	DD	MM	YYYY		
Full-time SOLAS or ETB training course	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Community Employment (CE)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Rural Social Scheme (RSS)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
TÚS	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Back to Education Allowance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Vocational Training Opportunities Scheme (VTOS)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Work Placement Experience Programme (WPEP)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

## Part 5

## Your payment details

The department recommends direct payment to your current, deposit or savings account in a financial institution. This is the best payment option for you as you can receive your payment at a time and place that suits you. This account must be in your name or jointly held by you.

### Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Names of account holders:

Name 1:

Name 2, if any:

## Part 6

## Details of your children

15. How many dependent children do you have?

under age 18

age 18 - 22 in full-time education

**Please state child's:**

**Child 1**

Surname:

First names:

PPS Number:

**Child 2**

Surname:

First names:

PPS Number:

**Child 3**

Surname:

First names:

PPS Number:

**Child 4**

Surname:

First names:

PPS Number:

**Note:** A separate sheet of paper can be used for details of additional children, if any. Please note the maximum number of children payable on a BTWFD claim is four.

# Part 7

# Declaration by Employer

This part must **only** be completed by your employer.

I certify that the person named below is employed by me.

First name:

Surname:

PPS Number:

Date their employment started:

<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

Job title:

Signed by or for employer:

Signature, **not** capital letters.

Position in company or organisation.

Employer's official stamp

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Employer's address:

  
  

County

Eircode

Employer's registered number:

Employer's telephone number:

Employer's email address:

  

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

## 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 or 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](http://www.gov.ie/dsp/privacystatement) or as a hard copy.

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

## For official departmental use only

Weekly rate of payment before BTWFD:

€  ,  .

Number of children paid on claim:

Rate of BTWFD payable:

€  ,  .

Signature of deciding officer, **not** capital letters.

Official stamp

Date:

D D

M M

20

Y Y Y Y

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