



REASONABLE ACCOMMODATION FUND FOR THE EMPLOYMENT OF PEOPLE WITH A DISABILITY

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

Employee/Job Applicant details

Name of Employee/Job Applicant: _____

Address: _____

Date of birth: ____/____/____ PPS No: _____

Male: _____ Female: _____ Telephone: _____

Email: _____

Details of Disability: _____

*Duration in present employment: _____ years _____ months

(*not required for Job Interview Interpreter Grant)

Employer/Company Details

Company name: _____

Address: _____

Tax No/VAT No: _____

Company contact: _____

Telephone: _____

Email: _____

Notes:

- Completed Forms should be sent to your local DSP INTREO Centre. If you know the name of the Case Officer dealing with your application please address the application to him/her.
- This application form **Section 1** must be accompanied by a **Section 2** application for the particular Support, for example, Work Equipment/Adaptation Grant, Job Interview Interpreter Grant, Personal Reader Grant, etc.

Company/Employer Stamp

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.