

APPLICATION FOR PARTICIPATION ON THE RURAL SOCIAL SCHEME(RSS)

2017/2018

Worksheet labelled "PART A - Application Form" (To be completed in full by Applicant)

Worksheet labelled "PART B Application Form" (To be completed in full by Department of Social Protection (DSP)

Partner* - Where partner is referred to in this document it should be read as Spouse/Civil Partner/Cohabitant

PART A – APPLICANT INFORMATION

Section 1

Personal Details

Only the person who intends to participate on the RSS should complete this form.

1.1 Name:

1.2 Address:

1.3 Birth Surname (if different):

Please note the following format must be used when inputting dates throughout the document: dd/mm/yy

1.4 Date of birth: (You must submit your Birth Certificate/Driving Licence to your local Implementing Body for verification):

1.5 Length of time at the above address:

1.6 Contact Telephone No:

1.7 Civil Status:

Please select as appropriate: Married, Single, Widowed, Cohabiting*, In a Civil Partnership, Separated or Divorced

**means you live with a man or woman as husband and wife and you are not married to them*

1.8 Nationality

Figures Letters

1.9. PPS Number:

Should consist of 7 digits and 1 letter (in some cases there may be 2 letters, the last letter should be 'W')

(iv) Please state the name of the person in whose name the Herd/Flock/Equine/Pig Number is held:

Is the above number in your Partner's* name: Yes/No
Father/Mother's name: Yes/No
Brother/Sister's name: Yes/No
any other relationship: Yes/No

If 'Yes' to 'any other relationship', please provide details:

If you have selected 'Yes' to a 'Transfer' on the previous page, a "Use of Basic Payment Scheme Application Form" needs to be completed for the period up to the 31st March 2018. Please ask your local Implementing Body for the Form.

To be completed by the applicant only:

(v) Are you actively farming? Yes/No

(vi) If 'Yes' please state if you own, rent or lease the land:

(vii) Number of hectares farmed: (As per your EU Basic Payment Form)
(To participate on this Scheme you must farm a minimum of 1 Hectare of land within the State)
Your local Implementing Body will be able to advise you further.

(viii) Do you intend to actively farm this land from the date of your application to join the RSS to 31st March 2018? Yes/No

If 'No', please provide details

(ix) If the farm is not adjacent to your home, how many miles is the farm from your home address?
(To be eligible, you must be permanently residing within 70 miles by road of the holding i.e. within daily commuting distance)

(x) Have you rented or leased any part/all of your land to someone else? Yes/No

If 'Yes', please provide details:

(B) FISHERMEN

In the case of a fisherman in order for you to be deemed eligible for a place on the Rural Social Scheme, you must provide proof to your Implementing Body that you are actively engaged in fishing by providing **a copy of a relevant licence or permit** (the relevant licence/permit must meet one of the eligibility categories set out by the Department of Social Protection, details of which are available from your local Implementing Body).

Please insert the relevant Licence/Registration number in the appropriate box:

Fish Licence No.
Boat Reg.No.
Other No.

Please specify:

· Date Issued: (dd/mm/yy)
· Period Covered:
· Is the above number in your name? Yes/No
· Is the above number in your Partner's* name? Yes/No

If you are joining the RSS on the basis of holding a 'Commercial Salmon Fishing Licence' please complete the questions below:

· Are you actively fishing? Yes/No
· Do you hold a current licence? Yes/No
· If 'No' do you intend to re-apply for a licence? Yes/No

5.3 Is your Partner*:

a) In Insurable Employment?	Yes/No	<input type="text"/>	Please answer 'Yes' or 'No' to <u>all</u> questions
b) Self-Employed?	Yes/No	<input type="text"/>	
Or participating on:			
c) A Community Employment (CE) Scheme?	Yes/No	<input type="text"/>	
d) Any other employment/training course?	Yes/No	<input type="text"/>	

If yes to **c** or **d** above please:

- State the title of the Scheme/Course:
- Date your Partner* commenced the Scheme/Course:
- Date your Partner* will complete the Scheme/Course:

NB: Complete the following declaration, where applicable, otherwise write N/A:

If your Partner* is not in insurable employment, please complete the following declaration:

I (applicant name - block caps) wish to confirm that my Partner* (name - block caps) is not in insurable employment or participating on a Community Employment (CE) Scheme or any other course at this time. I understand that should this change, I must notify my supervisor immediately.

Signed: (by applicant) Date: dd/mm/yy

5.4 Has your Partner* any other income which is not listed in question 5.3 above?

If 'Yes' please provide details and submit the relevant documents e.g. a social security pension from another country, private or state pension etc. to your Implementing Body.

Section 6: Will you or your Partner* reach 66 years of age before 31st March 2018?

Yes/No

If 'Yes' please complete Section 6.1 and 6.2, otherwise go to Section 7 .

Please note: You or your Partner* should apply for a pension at least 6 months prior to your 66th Birthday in order to avoid undue financial pressure.

6.1 (a) Will you reach 66 years before 31st March 2018? Yes/No

(b) Will your Partner* reach 66 years before 31st March 2018? Yes/No

If 'Yes', please state Partner's* Date of birth: dd/mm/yy

If you are eligible to participate on the RSS and reach 66 years before 31st March 2018, your participation on the RSS will cease with effect from the day before you reach 66 years.

If your Partner* reaches 66 years before the 31st March 2018, any increase for Qualified Adult Allowance payment within your RSS payment will cease with effect from that date.

Section 7 Child Dependant Details

7.1 Child Dependant Details (If applicable):
If space is not sufficient, please provide remainder of information on a separate sheet.

A Rural Social Scheme form entitled “**Certificate of Participation in full-time Education – EP2**”, must be requested from your local Implementing Body, completed and then returned to your local Implementing Body in respect of any Child Dependant(s) over 18 years of age and in full-time education.

Full Name	Date of Birth dd/mm/yy	Details of School/College/University	Date child will cease college dd/mm/yy	Is child dependant in receipt of a DSP payment in their own right excluding Child Benefit ?	Relationship to child

You must submit a Birth Certificate to your local Implementing Body in respect of each child in order to confirm each child's Date of Birth.
 If you are in receipt of a foster care allowance in respect of any of the children named above you may be entitled to a CDI(Child Dependant Increase) payment.

Section 8 Bank Account Details

8.1 Bank Account Details:

Name of Bank:

Account Name/s:

Address of Bank:

Account Number:

Sort Code:

Section 9 Types Of Work Undertaken

9.1 Please give details of preferred geographic work area(s), if any:

9.2 In order of preference (1-7), please indicate below the type(s) of work you would prefer to undertake:

- Maintaining and enhancing way-marked ways, agreed walks and bog roads
- Energy conservation work for the elderly and the less well off
- Village and countryside enhancement projects
- Social care and care for the elderly, community care for both pre-school and after-school groups
- Environmental maintenance work – maintenance and care-taking of community and sporting facilities
- Projects relating to not for profit cultural and heritage centres
- Community administration /Clerical duties

Section 10 Further Information

10.1 Other comments/relevant information you wish to include on your application:

Section 11**Declaration Of The RSS Applicant**

I wish to apply for a place on the Rural Social Scheme.

I declare that the information I have provided above is correct. Should there be any alterations whatsoever in my circumstances, which may affect my participation or payment under the Rural Social Scheme, I will inform

(insert Implementing Body's name here) with immediate effect.

I understand that by completing this form, there is no obligation on the Implementing Body to guarantee me a place on the RSS. I also understand that if my application on the RSS is successful, I will be permitted to undertake work outside of either farming or fishing. However, any such work must not interfere with my work on the RSS or the times that I am expected to work. I am also aware that my employment on the RSS is my main employment and undertake to contact the Revenue Commissioners with regard to any other work undertaken to ensure tax compliance etc. and that my earnings should also remain within the income threshold, which applies to my qualifying Social Welfare Payment.

Furthermore, I agree and understand that:

- Any failure on my part to declare any change(s) in my circumstances may affect my continued participation on the RSS;
- Failure to declare any change(s) in my circumstances to my Implementing Body in a timely manner may result in an overpayment of my RSS weekly payment. Under such circumstances, I will be required to repay the value of that overpayment, with a schedule agreed with my Implementing Body, and in line with the Department's Overpayments Policy;
- The Department of Social Protection reserves the right to have my eligibility as a Participant re-assessed at any time;
- If either myself or my Partner* are awarded a Social Welfare payment while I am participating on the RSS I will inform the Implementing Body immediately;
- Garda clearance may be obtained on my behalf;
- On taking a place on the RSS under one of the following eligible Social Welfare Payments: Farm Assist, Fish Assist, Job Seeker's Allowance, I will notify the DSP with immediate effect to ensure that I do not receive the above payments while I am working on the RSS.
- On taking a place on the RSS under one of the following eligible Social Welfare headings:

Disability Allowance - I will continue to receive my payment from the DSP and receive a top-up payment on the RSS.

One Parent Family Payment

I will continue to receive my payment from the DSP and receive the RSS personal rate only for my participation on the RSS. My One Parent Family Payment may be adjusted to take into account my income from RSS

- On taking a place on the RSS under one of the following eligible Social Welfare headings:

- Widow(ers) Pension, (Contributory or Non-Contributory)
- or as an

- Adult Dependant of a Non-Contributory State Pensioner

I will continue to receive my payment from the DSP and receive a top-up payment for my participation on the RSS. Although I will be receiving two payments, it will be equivalent to the amount I would receive if one payment was made under the RSS.

- If during the contract year, I become eligible to claim one of the above payments, I must apply to the DSP for the payment and inform my local Implementing Body immediately. If I am awarded any of the above payments, I will receive my payment from the DSP and my payment on the RSS will reduce to a top-up payment to bring me in line with my existing rate of payment on RSS.

Applicant's Signature:

Date:

Print Name :

For completion by the Manager:

Manager's Signature:

Date:

Print Name:

Date of receipt of this application:

Date:

If a previous application form has been submitted by this applicant please state the original date of receipt of application on file:

Date:

Note for Supervisors: Please ensure this application form is fully completed, stamped with the company stamp and that the checklist is completed and that you are satisfied that Part A matches Part B before forwarding the application to Pobal.

Company Stamp

7. (i) Has the applicant been approved for a Fuel/Smog Payment? Yes/No

Please answer this question even if Free Fuel is not in payment at present

(iii) If 'Yes', please state the weekly amount payable in last Fuel Season:

(iv) If 'No', did the applicant ever apply for a Fuel Allowance? Yes/No

(v) If 'Yes' to (iv), can you please provide the reason why the claim was refused/withdrawn:

8. Claim Paid Days:

If customer has means assessed, please state source(s) of means:

9. Date of last means review (please refer to most recent review carried out):

dd/mm/yy

Please ensure any dates requested are inserted or mark N/A.

10. Is the Spouse/Civil Partner/Cohabitant claiming a Social Welfare Payment? Yes/No

If 'Yes', please state:

Type of payment:

Date of award:

dd/mm/yy

Personal Rate:

IQA:

CDI:

Means:

Rate of payment:

No. of Dependant Children:

Free Fuel:

11. Is the Spouse/Civil Partner/Cohabitant participating on a publicly funded Scheme e.g. FÁS or any other course?

Yes/No

If 'Yes', please provide the following if available:

Type of scheme/course:

Date of commencement:

dd/mm/yy

Rate of payment:

Date scheme/course will cease:

dd/mm/yy

Signed:

Date:

dd/mm/yy

DSP Local Officer

Print Name:

Name of Local Office:

Local Office Stamp

