

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 at least 156 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.

		Applicant			Spouse, Civil Partner or Cohabitant														
1. Please state:		FIGURES						LETTER(S)			FIGURES						LETTER(S)		
•	Personal Public Service Number (PPS number)	1	2	3	4	5	6	7	Α		1	2	3	4	5	6	7	В	
	same as RSI/Tax Number:																		
•	First name(s):	MAUREEN			SI	SEAN													
•	Surname:	MURPHY			M	MURPHY													
•	Birth Surname if different:	LY	NC	Н															
•	Mother's Birth Surname:	MCDERMOTT				FI	FITZPATRICK												
•	Address	1 NEW STREET,			1 NEW STREET,														
	(If you and your spouse,civil partner	OLD TOWN, DONEGAL TOWN,				OLD TOWN, DONEGAL TOWN,													
	or cohabitant are not living together give both	DONEGAL				DONEGAL													
	Addresses):																		
•	Postcode:	A6	A65F4E2				A65F4E2												
•	Telephone/Mobile Number:	08	712	345	67														
•	Email address:	EX	ΙΑM	PLE	≣@n	nail	.cor	n											
•	Nationality:	IRISH				IRISH													
•	Normal occupation:	BL	JILD	ER															

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Date of Birth:

Jobseeker's Benefit (Self-Employed)

- Please complete in Black Pen.

 Please use BLOCK LETTERS. 		
Part 1	cohabitant: (If you do not wish to	you and your spouse, civil partner or claim for a spouse, civil partner or cohabitant you
	do not need to list his/her details bel-	elow or complete Section 6 of this form).
	Applicant	Spouse, Civil Partner or Cohabitan
1. Please state:Personal Public Service Number (PPS number) same as RSI/Tax Number:	FIGURES LE	FIGURES LETTER(S
First name(s):		
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:		
Telephone Number:		
Email address:		
Nationality:		
Normal occupation:		
Date of Birth:	D D M M Y Y Y	Y Y
2. Are you?	Single Separated In a Civil	Cohabiting Married Divorced Widowed a former a surviving

Partner

Partner (A civil partnership since dissolved)

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)

self-employed?

Part 2 (continued)	Jobseeker's Claim
8a. If you are still in employment how long are you in your current job?	Less than 1 month 1 - 2 years 1 - 6 months 2 years or more 6 - 12 months Less than 1 month 1 - 2 years
8b. If you are no longer in employment, how long did your last job last?	Less than 1 month 1 - 2 years 1 - 6 months 2 years or more 6 - 12 months
9. If you are still in employment, what are your gross weekly earnings?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? Very Good Good Fair
15. How well do you speak English?	Very Well Not Well Well Not at all
16. In which country were you born?	

Part 3	Your Self-Employment Details
 17. Please state: Business Name: Employer's Registration Number: Business Address: Nature of Business: 	
18. When did your self-employment cease?	D D M M 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? I authorise an officer of the Department of Social Protection to	YES NO
check my Tax Clearance Certificate using Revenue On-Line Services. Tax Clearance Access Number (TCAN):	YES NO
Tax certificate number:	

Part 4	Additional/Other Employment Details If Applicable
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: 	
Your occupation:Dates of employment:From	D D M M Y Y Y Y
Work Pattern • If still in employment please give details:	D D M M Y Y Y Y I work(ed) hours I work(ed) days

Part 4 (Continued)	Additional/Other Employment Details if Applicable
23a. Have you had any other employment in Ireland in the last 2 years?	YES NO
If Yes, please state:	
Name of employer:	
Address of employer:	
23b. Have you had any other employment in another EU country in the last 2 years?	YES NO
If Yes , please state:	
• EU country:	
Social Security Number/ European Number:	
24. Please State:	
Type of work you are looking for?Are you available for full-time work?	YES NO
 Are you looking for full-time work? 	YES NO
 Would you accept any other type of work? 	YES NO
If No , please give details:	

Part 5	Details of Availability/Efforts to Find Work							
 25. Are you currently registered with any school, college or university? 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? 	YES NO Full-time Part-time Online D D M M Y Y Y Y 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? If Yes, please state: Type of payment: Claim number: Weekly amount: Source of payment: Country of payment: 	YES NO							
 27. Is anyone claiming for you as a Qualified Adult on their Social Welfare payment? If Yes, please state: Type of payment: Their name: Weekly amount: Their PPS number: 	YES NO							

Part 6	Your Spouse/Civil Partner or Cohabitant's Income Details						
28. Do you wish to claim for a spouse/civil partner or cohabitant?	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? If Yes, please state the total amount of savings:	YES NO						
30. Does your spouse/civil partner or cohabitant have any investment accounts including stocks, bonds or shares in Ireland or any other country? If Yes, please state the total value of the investments:	YES NO						
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? If Yes, please state:	YES NO						
 How often is s/he paid? His/her gross weekly income Please attach the latest pay slips or Form UP1(f) if self-employed 	Weekly Fortnightly Monthly €						
32. Does your spouse/civil partner or cohabitant receive any payment under a Maintenance Grant or a Deed of Covenant? If Yes, please state total weekly amount:	YES NO						

Income Details
YES NO
€
€ ,
YES NO
€
YES NO

Part 7	Details of Your Children
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:	
First name(s):	
Relationship to you:	
PPS Number:	
Child 2	
Does the child live with you?	YES NO
Surname:	
First name(s):	
Relationship to you:	
PPS Number:	
Child 3	
Does the child live with you?	YES NO
Surname:	
First name(s):	
Relationship to you:	
PPS Number:	

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:	
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
	ect to your current, deposit or savings account in a financial choice. An account must be in your name or jointly held by ow.
39. Please give details of the financial institution at which you wish to receive your payment.	
Name of financial institution:	
Bank Identifier Code (BIC):	
International Bank	
Account Number (IBAN):	
Name of Account Holder:	
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								
(NOT block letters)	D	D	M	M	Υ	Υ	Υ	Υ
If you are not able to sign, your mark should be made and witnessed.	The	witn	ess sl	nould	sign	belo	W.	
WITNESS SIGNATURE								
	D	D	M	M	Υ	Y	Υ	Υ
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.

Signed:

Between: The Department of Social Protection and

The Department of Social Protection is commit support and income support services to our clie ways: firstly by providing income support during helping clients to find work. In return we would like you, our client, to commyou. This document records our mutual obligated.	ents. Our goal is to help our clients in two g periods of unemployment; secondly by nit yourself to work with us as we work to help
Our Promise to You	Your Promise to Us
 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. 	 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.

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or withdrawal of any income support

in relation to my claim.

payments which would otherwise be due to me and that I could be prosecuted for making a false declaration or withholding information

Signed:

Have you?

- Answered all questions in the Parts that are relevant to you
- Completed Part 2
- Authorised the Department of 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 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** or in hard copy.

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

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