Application form for

Jobseeker's Benefit (Self-Employed)



What is Jobseeker's Benefit Self-Employed?

Jobseeker's Benefit Self-Employed (JBSE) provides income support to self-employed people who have fully ceased self-employment and have paid **Pay Related Social Insurance (PRSI)** self-employment contributions at Class S.

You may also qualify for increases for your spouse, civil partner, partner, cohabitant, **or** children.

Jobseeker's Benefit Self-Employed and Flexible State Pension for those between 66 and 70 Years

The State Pension (Contributory) has become more flexible and you will be able to claim your pension at any age between 66 and 70.

If you choose to claim your pension at a later date than age 66, it will give you the opportunity to continue to work to make PRSI contributions, which may increase your personal rate of payment or help you to meet the qualifying contribution conditions for the State Pension (Contributory).

After the age of 66, you must apply for Jobseeker's Benefit (Self-Employed) using a paper application only.

Jobseeker's Allowance and credited contributions are not available past the age of 66.

How do I qualify for Jobseeker's Benefit Self-Employed?

You may be eligible for this scheme if you:

- are between 18 and 66 years of age;
- have fully ceased self-employment activity;
- are genuinely seeking work and are available for full-time work;
- are capable of work; and
- satisfy certain PRSI contribution conditions. You must have paid at least:
 - 156 PRSI self-employment contributions at Class S; or
 - 104 PRSI employment contributions at Class A or H; and
 - 52 PRSI self-employment contributions at Class S in the governing contribution year.

Note: The governing contribution year is the second last complete tax year. For example, for a claim made in 2024 the second last complete tax year is 2022.

How long will the Jobseeker's Benefit Self-Employed last?

Jobseekers Benefit (Self-Employed) is paid for six or nine months.

- 6 months if you have paid less than 260 PRSI contributions at Class S.
- 9 months if you have paid 260 or more PRSI contributions at Class S.

How can I get help and further information?

Help in completing this form is available from your local Intreo Centre, Social Welfare Branch Office or any Citizens Information Centre. When completed, send this completed form to your local Intreo Centre or Social Welfare Branch Office. The name and address of your local Intreo Centre or Social Welfare Branch Office can be found by visiting **www.gov.ie/intreocentres**.

For more information, please visit www.gov.ie/jbse.

How to fill in this form

To help us process this form please write letters and numbers clearly and use one box for each. See examples below.

Part 1

1

Details of you and your spouse, civil partner or cohabitant

If you do not wish to claim for a spouse, civil partner or cohabitant you do not need to fill in their details or complete Part 6 of this form.

Applicant

. PPS Number:	1	2	3	4	5	6	7	8	Т	
First names:	М	Α	R	Υ						
Surname:	N	0	R	Т	О	N				
Birth surname:	М	С	D	Е	R	М	0	Т	Т	
Mothers birth surname:	D	Ε	L	Α	N	Ε	Υ			
Date of birth:	1	0		0	5		1	9	7	0
	D	D		M	M		Y	Y	Y	Y
Address:	1		N	Ε	W					
If you and your spouse, civil partner	S	Т	R	Ε	Е	Т				
or cohabitant are not living together give both	0	L	D		Т	0	W	N		
addresses.	D	О	Ν	Е	G	Α	L			
County	D	0	N	Ε	G	Α	L			
Eircode	Т	4	2	Н	6	8	С			
Nationality:	I	R	I	S	Н					
Occupation:	D	Е	N	Т	I	S	Т			
Telephone number:	0	8	8	1	2	3	4	5	6	7
Email address:	М	М	U	R	Р	Н	Υ	@		
	W	Е	L	F	Α	R	Е	-	I	Е

Spouse, Civil Partner or Cohabitant 5 4 3 2 1 Χ 8 7 6 Α V D D Ν 0 R Τ 0 Ν 0 R Τ 0 Ν Ν R Α D Υ В 2 3 1 1 1 9 7 5 Y D D M M Y Y Ε 1 5 G R Е Ν Α V Е Ν U Ε Α ı Ν R 0 Α D M W C Α R L 0 O W C Α R L С 2 U 8 M 7 3 Α Α D Ν N Α



Application form for

Jobseeker's Benefit (Self-Employed)



Part 1

Details of you and your spouse, civil partner or cohabitant

If you do not wish to claim for a spouse, civil partner or cohabitant you do not need to fill in their details or complete Part 6 of this form.

	Applicant	Spouse, Civil Partner or Cohabitant
1. PPS Number:		
First names:		
Surname:		
Birth surname:		
Mothers birth surname:		
Date of birth:		
	D D M M Y Y Y Y	D D M M Y Y Y Y
Address:		
If you and your spouse, civil partner		
or cohabitant are not		
living together give both addresses.		
County		
Eircode		
Nationality:		
Occupation:		
Telephone number:		
Email address:		
	Cincile Congreted	In a Chill Barta analis
2 Ara	Single Separated	In a Civil Partnership
2. Are you?	Married Divorced	A surviving Civil Partner
	☐ Widowed ☐ Cohabiting	A former Civil Partner, meaning you were in a Civil Partnership that has since been dissolved.

Your employment and training details

Some of the following questions may appear similar buand to fit our employment support services to your indi-	•	, , , , , , , , , , , , , , , , , , , ,	cation						
3. Have you made an unemployment claim in the last fi	ve year	rs? Yes	No						
If yes , were you signing on for twelve months or mor	re?	Yes	No						
4. Have you been on a Community Employment (CE) s last five years?	cheme	in the Yes	No						
If yes , were you on this scheme for 12 months or mo	If yes , were you on this scheme for 12 months or more?								
5. Which of the following categories best describes the	highest	t level of education you have complete	ed?						
No education beyond primary or national school or left school at or before age 15.		Leaving Certificate, Matriculation or equivalent or left school at age 18 o							
Junior, Intermediate or Group Certificate or equivalent, or left school at age 16 or 17.		Third Level Award Certificate, Diplo Degree or left education at age 20 o							
6. Have you completed an apprenticeship training programming qualified or got your papers?	ramme	and Yes	No						
7. How would the location where you live be described?	?								
A rural area		A small town, 2,000 to 10,000 inhab	oitants.						
A village, up to 2,000 inhabitants.		Town or city, more than 10,000 inhabitants.							
8. When were you last in paid employment or self-	-emplo	yment?							
Still in employment, go to question 9.		In the last 5 years, go to question 10	0.						
In the last month, go to question 10.		Over 5 years ago, go to question 10).						
In the last year, go to question 10.		Never, go to question 12.							
9. If you are still in employment, how long are you in your current job?		Less than 1 month.							

Part 2 continued	Tour empio	yıııı	enii anu iran	illing u	Flaiis						
10. If you are no longer in employment your last job last?	nt, how long did		Less than 1 mon 1 - 6 months. 6 - 12 months.	th	1 - 2 years. 2 years or more.						
11. If you are in employment, what is weekly income?	your gross			€							
If you are not in employment, what weekly income?	at was your gross			€							
Gross weekly income is your weekly earnings before tax, PRSI, union dues or other deductions.											
12. Do you have the use of a car, var		Yes	☐ No								
13. Can you use public transport in yo		Yes	☐ No								
14. Have you ever thought about mov	ving location to take	up a j	ob?	Yes	No						
15. Have you any difficulty with reading	ng, writing or numbe	ers?		Yes	☐ No						
16. How would you describe your health?	Very Good.Good.Fair.		Bad. Very Bad.								
17. How well do you speak English?	Very Good. Good. Fair.		Bad. Very Bad.								

18. Which country were you

born in?

Part 3	Your self-employment of	details
19. Please state:		
Business name:		
Employer's Registration Number:		
Business address:		
County	Eir	code
Nature of Business:		
rtataro el Buenilesei		
20. When did your self-employment c	ease?	
	D	D M M Y Y Y
21. Why did your self-employment cea	ase! Flease give details.	
22. Do you have a notice of assessment of the second sec		Yes No

Pa	rt 3 continued	Y	/ 01	ur	se	lf-	em	pΙ	Оу	m	en	t d	let	ail	S					
23.	What types of self-employment w	ere	you	doi	ingʻ	?														
			Cor	mpa	any	dire	ector		[Sole	tra	der							
			Lim	itec	d cc	mp	any.				Inve	stm	nent	s.						
			Paı	rtne	rsh	ip.					Ren lettir							d.		
			Oth	er, p	plea	ise s	speci	fy:												
24.	What types of self-employment h	ave	nov	v ce	ase	ed?					<u> </u>						I			
			Cor	mpa	any	dire	ector		[Sole	tra	der							
			Lim	itec	d cc	mp	any.				Inve	stm	nent	s.						
		Partnership. Rental income from the letting of property or land.																		
			Oth	er, į	plea	se s	speci	fy:												
	What were the businesses'																			
	trading names?																			
25.	Have you completely ceased trac	ling	as a	a se	lf-e	mpl	oyed	d pe	ers	on?					Yes	8			[No
	If no , please tick appropriately:						oorar						_							
			Or	ngoi	ing	but	redu	ice	d.				L		Sea	so	nal.			
	Note: You must supply your mos	t rec	ent	pro	fit c	or lo	ss st	ate	eme	ent i	f yo	ur b	ousi	nes	s is	sti	ll tra	din	g.	
26.	If it was a limited company,																			
	what was its registered name?																			

Are you still a company director?

Page 5

No

Yes

Part 3 continued	Your self-employmen	t details								
27. Were the premises:	Owned Lea	ased Rented								
28. When did the business commenc	e trading?	D D M M Y Y Y Y								
29. If the business has ceased trading	g, is it in liquidation?	Yes No								
If yes , please state the name and address of the liquidator:										
Name:										
Address:										
County		Eircode								
30. Have you sold your business or a	share of it?	Yes No								
If yes , please state:										
The amount you received: €	,									
The date of the sale:	D D M M Y Y Y Y									
If you have rental property or land, pl If otherwise, move on to Question 3		2 below.								
31. Have you sold these properties?		Yes No								
If yes , please state the amounts you received and the dates of sale: €	,									
32. If you have not sold these proper advertised for renting?	ties, are they rented out or	Yes No								
If yes , has your rental income incover the last 12 months?	reased or decreased	Increased Decreased								
What is your annual net profit, if a	ny, from these properties?	€								

Part 3 continued

Your self-employment details

If you have any investments,	please answer Question 33 below. If no	t, move onto Part 4 .	
33. Have you sold your invest	ments?	Yes	☐ No
If yes , please state the amounts you received and the dates of sale:	€		Y Y Y Y
If no , has your income from over the last 12 months?	m your investments increased or decreas	sed Increased Decrease	
What is your annual net p	ofit, if any, from these investments?	€	

Other employment details

Complete Part 4 if you have any oth	ner employments now or have had any in the last two years.
34. What is your employment status?	Working full-time. CE, SOLAS, or TÚS. Working part-time. Working casually. Farming.
	Retired. Date you retired: D D M M Y Y Y Y
(Self-Employed) is not the appropria (Contributory) instead. If you need a	ork and between 66 and 70 years of age, Jobseekers Benefit ate payment for you. Please apply for your State Pension paper application form for the State Pension (Contributory), you can br get it from your local Intreo Centre, Social Welfare Branch Office,
If you are currently employed or doing for below:	ng a CE, SOLAS or TÚS scheme, please provide the details asked
Name of employer:	
Address of employer:	
County	Eircode Eircode
Occupation:	
Date employment started:	D D M M Y Y Y Y
Work pattern:	hours a week. days a week.
Please give details of your emploement or Short-Time Work	byment in the box below. For example, are you on part-time or casual s Support.

Part 4 continued	Other employment details
35. Have you had any other employm	ent in Ireland in the last two years? Yes No
If yes , please state:	
Name of employer:	
Address of employer:	
County	Eircode
36. Have you had any other employm UK in the last two years?	ents in another EU country or the Yes No
If yes, please state:	
Country:	
Social Security or National Insurance Number:	
Part 5	Details of availability or efforts to find work
37. What type of work are you looking for?	
Are you available for full-time wor	k? 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:	

Details of availability or efforts to find work

38 .	Are you currently registered with	a s	sch	00	ol, c	olle	ge,	or i	univ	ers	ity?)				Yes	3			No
	If yes, please state:																			
	Name of institution:																			
	Name of course:																			
	Are you registered as:			Fι	ıll-ti	me			Pa	art-t	ime)		O	nlin	е				
	Hours of attendance a week:																			
	When will the course end?																			
		D)	D		M	M		Y	Y	Y	Y								
	Do you intend to register with a next academic year?	sch	00	ol, o	coll	ege	or	univ	ers/	ity i	n th	ne				Yes	6			No
39 .	Are you receiving or have you repayments including Working Far from any other EU member state	nily	Pa	ayı	mer	nt, f		_								Yes	3			No
	If yes , please state:																			
	Type of payment:																			
	PPS, National Insurance or																			
	Social Security Number:																			
	Weekly amount: €			, [
	Source of payment:																			
	Country of payment:																			
40 .	Is anyone claiming for you as th Protection payments?	eir (qua	alit	fied	ad	ult c	n t l	heiı	· So	cial	l				Yes	6			No
	If yes , please state:																			
	Type of payment:																			
	Claim number:																			
	Weekly amount: €			,[]										
	Their PPS Number:																			

Part 6

Your spouse, civil partner or cohabitant's income details

41.	Do you wish to claim an increase for a spouse, civil partner or cohabitant?	Yes	No
	If yes , please complete the rest of the questions in Part 6 .		
	If no , please go to Part 7 .		
42.	Does your spouse, civil partner or cohabitant have any accounts in a bank, building society, post office, credit union or any other financial institution in Ireland or any other country or any cash savings?	Yes	☐ No
	If yes , please state the total amount of savings: €	, .	
43.	Does your spouse, civil partner or cohabitant have any investments including stocks, bonds or shares in Ireland or any other country?	Yes	No
	If yes , please state the total value of investments: €	,].
44.	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?	Yes	☐ No
	If yes , please state:		
	How often they are paid: Weekly Fortnightly	Monthly	
	Their gross weekly income: €	, .	
	Gross weekly income is weekly income before tax, PRSI, union dues	or other deductions.	
	Please attach their latest payslips or Form UP1(f) if self-employed. This form the contre or Social Welfare Branch Office.	orm is available from the	ir local
45.	Does your spouse, civil partner or cohabitant receive any payment under a Maintenance Grant or a Deed of Covenant?	Yes	No
	If yes , please state their total weekly amount: €	,	
46.	Does your spouse, civil partner or cohabitant have other income from any other sources? For example, compensation, redundancy, private pension.	Yes	☐ No
	If yes , please state:		
	Source of income:		
	Weekly amount:	€□,□□	
	Total amount from redundancy or compensation:	€□,□□	

Part 6 continued

Your spouse, civil partner or cohabitant's income details

Does your spouse, civil partner or cohabitant have a social protection payment from Ireland or any other country?															Ye	3		No			
If yes, please state:																					
Country of payment:																					
Weekly amount: €		,[
Address of issuing office:																	floor				
																	\perp				
County											Е	irc	od	е							
PPS or Social Security																					
Number:													\perp								
8. Does your spouse, civil partner or cohabitant have any houses, properties or lands not occupied by them, in Ireland or any other country?														Ye	8					No	
If yes , please give details:																					
Do you or your spouse, civil partn		or Co	oha	ıbita	nt re	ece	ive	ren	tal i	nco	om	e			Ye	S					No
from the property you are living in If yes , does your spouse, civil par		r or		hah	itan	t ov	vn tl	he r	ror	n erf	hv?		Г	_ _	Yes				Г	_ _	No
ii yes , docs your spouse, civii pai		· Oi		Т	T		VII (I		, O		.y: —				T C.	, 	_	_		_ 	
If no , who owns the property?				<u> </u> 							<u> </u> 	<u> </u>					+	+	井		<u> </u>
property.																					
Is the person a family member or	em	plo	yee	?									L	_	Yes				L		No
If yes , please state their relations	hip	to y	you	:									L	_	Far Em	_		ber	ĺ		
From what date did the person st	art r	ent	ting	a ro	oom	in	you	r hc	me	?											
													D		M	M	7	Y	Υ	Y	Y
How much rent do you or your spouse, civil partner or cohabitant receive per week?												€],[]. [

Part 7	Details of your children													
50. Do you wish to apply for an increa you and who are being supported	ase for children who normally live with Yes No													
If yes , how many children do you	wish to claim for? Under age 18. Aged 18-22 in full-time education													
	Child 1													
Surname:														
First names:														
Relationship to you:														
PPS Number:														
Child 2														
Surname:														
First names:														
Relationship to you:														
PPS Number:														
	Child 3													
Surname:														
First names:														
Relationship to you:														
PPS Number:														
	Child 4													
Surname:														
First names:														
Relationship to you:														
PPS Number:														

Child 5

Surname:

First names:

PPS Number:

Relationship to you:

Continued on the next page

Part 7 continued	Details of your children													
Child 6														
Surname:														
First names:														
Relationship to you:														
PPS Number:														
	Child 7													
Surname:														
First names:														
Relationship to you:														
PPS Number:														
Part 8 Late claims														
51. If you did not claim when your self	f-employment ended, please state the reasons why:													
Please state the date from which	you wish to claim: D D M M Y Y Y Y													
Part 9	Optional Jobseeker's Allowance													
52. Do you wish to apply for Optional not qualify for the full rate of Jobse Note: If you are aged between 66 and	YAS													

Part 10

Payment method

You can get your payment direct to your current, deposit or savings account in a financial institution or at a post office of your choice. An account must be in your name or jointly held by you. Please complete one option below.

Post Office														
Name: Address:	Eircode Eircode													
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:														

Declaration

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.

If you are between 66 and 70 years: I declare that I am retired from employment or self-employment, and I fully satisfy the conditions to receive Jobseeker's Benefit Self Employed.

I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, 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. For example, commencing employment, self-employment or a change in family circumstances.

										Date	: :							2	0		
												D	D		M	M		Y	Y	Y	Y
Your signature, not capital letters.																					
If you are not able to sign, your mark should be made and witnessed. The witness should sign below.																					
										Date	: :	D	D		M	M		2 Y	0 Y	Y	Υ
Signature of witness, not capital letters.																					
Name of witness:																					
Address of witness:																	L				<u> </u>
Coun	ty											Eir	COC	le							

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

Record of mutual agreements

										_										
Between: The Department of Social Protection and																				
Name:																				
PPS Number:																				
services to its customers. Our goal is supports during periods of unemploy	urself to work with us as we work to help you. The																			
We will do all we can to process quickly and as efficiently as pos		I will work to secure employment at the earliest possible opportunity.																		
We will pay income support pay provided for in legislation in an e				I will work with the department to agree my Personal Progression Plan.																
 We will work to identify suitable employment, work experience of educational and personal developportunities for you. We will work with you to help you your Personal Progression Plantyou to take the right steps to employ will monitor and review progragainst this plan with you. We will meet with you normally appointment and give you fair near the such appointments. We will treat you with dignity and respect and honour the confider our relationship. 				•	dep I wil up a trair noti I wil find wor I wil info inco I wil Job or J	artr Il follany ning fied Il inf wo k. Il tre fide Il pr rma pme Il ab	tend men llow wor y or y I to r I to r form rk, c eat th gnity entia ovid ation seek seek tion	tt. up of the poers the street of the street opport by the street opport s All er's	on a ace sona oy the dependent of management of the control of the	merral de	uggont, weveloped the contract and the c	estickork opmore the control of the	ons exponent ent. ent. ava artmono hip with in reek	and periodical pladical edial edial edial edial ent periodical ent plant any	I takences tely le f the it. Be	if I or				
By signing below, I understand that twithdrawal of any income support particles or osecuted for making a false declar	ayme	ents	wh	ich	wou	ıld o	othe	erwi	se b	oe d	ue	to n	ne a	nd	that	tlc)	

Signature for and on behalf of the department.

Your signature.

Have you:

- Answered all the questions that apply to you?
- Submitted your most recent Notice of Assessment if you have one? See Question 22.
- If you are claiming for children between 18 and 22 years of age who are in full-time education, included a letter from their school or college? See **Part 7**.
- Provided the details of where you would like to receive your payment? See Part 10.
- Signed the declaration? See Part 11.
- Signed the Record of Mutual Commitments? See Part 12.

Note:

Depending on your circumstances, some or all of your Jobseekers Benefit Self-Employed payment may be liable to income tax. However, tax is not charged on increases paid for any dependent children, or on the first €13 per week of your payment. PRSI and USC are also not charged on payments.

The department pays Jobseekers Benefit Self-Employed without deducting tax. However, the department notifies the Office of the Revenue Commissioners of the taxable amount of the payment 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 protection payments is available from the Office of the Revenue Commissioners and on the Jobs and Pensions page:

www.revenue.ie/en/jobs-and-pensions.

Please bring or post this completed application form, along with the relevant supporting documents as listed on the form, to your local Intreo Centre or Social Welfare Branch Office. You can find the name and address by visiting **www.gov.ie/intreocentres**.

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.

0K 01-24 Edition: January 2024