Application form for

at www.gov.ie/privacystatement or in hard copy...

Signature of DP/DO:

Data Classification R

Date: ____/___/2020



COVID Pandemic Unemployment Payment

This is an emergency payment

Please make a full jobseekers application form (UP1) within the next six weeks, forms are available on www.gov.ie/deasp. This Payment will only last for a maximum of SIX weeks. First Name Surname PPS No Mothers Birth Surname Address Phone Number County E-mail address: Date of Birth Employer name, address and phone no. Last day worked/paid to: / / / /2020 Why did this job finish? Are you still working casually, part-time etc.? Yes Are you in receipt of another weekly Social Welfare payment? Yes No **Bank Account Details** Bank Name Account Name **BIC IBAN** Please keep checking your Bank Account as payment may issue in advance of notification. **DECLARATION BY CLAIMANT** I declare that I am not being paid by my employer at the moment. I state that I will inform the Department if there are any changes in my circumstances which may affect my entitlement to payment. I know that it is an offence to provide false information or to withhold information to qualify for this payment. _____/2020 Signed: Claimant's Signature Post this form back to PO Box 12896, Dublin 1 or drop into your local Intreo Centre/Social Welfare Branch Office **Data Protection Statement** The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available

For Official Use Only

I award a payment to this customer -

Name of DP/DO: _____