COMMUNITY SERVICES PROGRAMME (CSP)
EMPLOYMENT ELIGIBILITY FORM

The purpose of this form is to provide confirmation to the CSP funded service that the proposed employee was/is in receipt of a Department of Social Protection payment at the time of commencing the role. The completed form allows the CSP funded service to provide evidence of compliance with the 70% rule under CSP whereby 70% of Full-Time Equivalent (FTE) positions are drawn from certain categories as set out below.

Category	**Supporting documentation**
Person in receipt of Jobseeker's Benefit (JB), Jobseeker's Assistance (JA), One Parent Family payment (OPF) or the Jobseeker Transitional Payment	Please ask the local Intreo office to stamp the CSP employment eligibility form **before employment starts** (see template overleaf).
Persons in receipt of Disability Allowance (DA), Invalidity Pension, Blind Persons Pension or other disability benefit.	Please have the employment eligibility form (see template overleaf) signed and stamped by the appropriate Intreo or branch office as listed below **before employment starts**.
Travellers in receipt of Jobseeker's Benefit or Jobseeker's Assistance or One Parent Family payment.	Please ask the local Intreo office to stamp the CSP employment eligibility form **before employment starts** (see template).
Stabilised and recovering drug misusers.	A letter of referral from a Probation Officer, Local Drugs Task Force or other specialist agency **before employment starts** is sufficient in such circumstances.
Ex-prisoners	A letter of referral from a Probation Officer, Local Drugs Task Force or other specialist agency **before employment starts** is sufficient in such circumstances.

People employed from Tús, Gateway, Community Employment (CE) and Job Initiatives (JI) schemes are deemed eligible. Former RSS workers who were previously CE participants are also eligible.	A P45 from Pobal in relation to former Tús participants or from the CE sponsor group in the case of Community Employment **before employment starts**

Section 1: TO BE COMPLETED BY CSP SERVICE/EMPLOYER	
Service/Project name:	Pobal Unique Reference Number (URN)
Company name (if different from service name) :	Proposed Employee Start Date:
Address:	Employee Job Title:
	Signed: _____ **CSP Manager/Board Member**

Section 2: TO BE COMPLETED BY EMPLOYEE	
Name:	PPS Number:
Address:	Date of Birth:
	Employee signature:

Section 3: TO BE COMPLETED BY DEPARTMENT OF SOCIAL PROTECTION

I confirm that _____
is in receipt of a payment from the Department of Social Protection as indicated below.

Please select the following relevant payment(s) and state when the current payment commenced:

Jobseekers Payment	**Date of Commencement**
Jobseekers Allowance	
Jobseekers Benefit	
One Parent Families Payments	
One Parent Family Payment	
Jobseeker's Allowance Transitional Payment	
Disability Payment	
Disability Allowance	
Invalidity Pension	
Blind Pension	
Other disability benefit	

Signed:	**Department of Social Protection Stamp**
Intreo Office:	
Date:	