



COMMUNITY SERVICES PROGRAMME (CSP) EMPLOYMENT ELIGIBILITY FORM

Please retain this document 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
People who are in the workforce but unemployed and seeking to return to work i.e., people who are in receipt of Jobseeker's Benefit (JB), Jobseeker's Allowance (JA); people who are signing for credits	CSP employment eligibility form (see template overleaf) stamped by the local Intreo office before employment starts.
 Qualified Adults (Adult dependants of those in receipt of social welfare payment) 	
People who are separated, divorced or widowed (People in receipt of Widow/er's non-contributory pension, surviving Civil Partner's non-contributory pension	
Carers (people in receipt of Carers Allowance/Benefit who want to return to the workforce)	
One Parent Families (people who parent alone without sufficient resources and are in receipt of social welfare payments)	
People with Disabilities (PWD) i.e. in receipt of Disability Allowance, Blind Pension, Partial Capacity Benefit, or other disability benefit	CSP employment eligibility form (see template overleaf) stamped by the local Intreo office before employment starts.
Irish Travellers or people from a Roma background	Self-declaration.





Stabilised and recovering drug users	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 or people with a criminal conviction and in contact with the Probation Service	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 coming from labour activation schemes i.e., Community Employment (CE), Tús or RSS placement	Evidence from Revenue MY ACCOUNT – https://www.revenue.ie/en/online- services/support/documents/ros- help/myaccount-ros-registration- instructions.pdf
People who are homeless	A letter of referral from a homelessness or other specialist agency.
Ukrainians displaced by the warRefugeesAsylum Seekers	Copy of Irish Residence Permit with the appropriate immigration stamp allowing the person to work in Ireland (Stamp 4) or Relevant permission letter confirming that you have been granted Temporary Protection under the EU Directive.





Section 1: TO BE COMPLETED BY <u>CSP SERVICE/EMPLOYER</u>		
Service name:	Pobal Unique reference Number (URN):	
Organisation (if different from service name):	Proposed Employee Start date:	
Address:	Employee Job Title:	
	Signed:	
	CSP manager / director (delete as appropriate)	
	Date:	

Section 2: TO BE COMPLETED BY <u>EMPLOYEE</u>		
Name:	PPS Number:	
Address:	Date of Birth:	
	Employee Signature:	





Section 3: TO BE COMPLETED BY <u>DEPARTMENT OF SOCIAL PROTECTION</u>

confirm that is in receipt of a				
payment from the Department of Social Protect	ction as ir	ndicated below.		
Please select the following relevant payment(s)/status and state when the current payment / status commenced.				
Unemployed		Date of Commencement		
Jobseeker's Allowance / Benefit				
Other status/payments				
Qualified Adults (Adult dependents of those in receipt of a social welfare payment)	n			
People signing on for credits				
People in receipt of Widow/er's non-contributory pension, surviving Civil Partner's non-contributory pension)				
Carers (people in receipt of Carers Allowance/Benefit who want to return to the workforce)				
One Parent Families (in receipt of social welfare payments)				
Disability Payment				
Disability allowance				
Partial Capacity Benefit				
Blind Pension				
Other Disability Benefit				
	l .			
Signed:	Departr	ment of Social Protection stamp		
Intreo office: Date:				
Date.	1			

PLEASE NOTE – THIS FORM IS TO BE RETAINED BY EMPLOYER FOR AUDIT/VERIFICATION PURPOSES