

An Roinn Coimirce Sóisialaí
Department of Social Protection



Social Welfare Local Office

To be completed by Applicant Body sponsoring the voluntary work

1. Name of Applicant Body
sponsoring voluntary work: _____

Address: _____

2. Please give the source of financial funding of the Voluntary Group/Body

3. Are there any paid employees with the Group/Body? YES NO

If "YES", will the unemployed person be doing the
same type of work for which s/he will not be getting paid? YES NO

4. Is the unemployed person replacing a paid employee? YES NO

5. Please give a description of the work involved:

(i) Title of the project: _____

(ii) Type of work being carried out:

(iii) Period of time over which the work is being carried out: FROM: ___/___/___ TO: ___/___/___

6. Is it proposed to make any payments to the unemployed person(s)? YES NO

If "yes", please give:

(i) Amount of payment: €:

(ii) Purpose of this payment :

7. Would the unemployed person(s) be able to leave at short notice to take up paid employment? YES NO

8. Please set out below the details of the registered unemployed person(s) who will be working voluntarily with your organisation/body.

NAME	ADDRESS	PPSN

I apply for approval to allow the registered unemployed persons(s) named above to do the voluntary work specified at 5 overleaf.

Signed: _____ Position: _____

Date: ____ / ____ / ____