



# Application form for Short Term Enterprise Allowance

## What is Short Term Enterprise Allowance?

Short Term Enterprise Allowance (STEA) supports you if you have lost your job and want to start your own business. The STEA is paid instead of your Jobseeker's Benefit for a maximum of nine months. It ends when your entitlement to Jobseeker's Benefit ends which is either after six or nine months.

## How do I qualify for Short Term Enterprise Allowance?

To get Short Term Enterprise Allowance (STEA) you must satisfy the following conditions immediately prior to commencing self employment:

- Be awarded Jobseeker's Benefit;
- Have made an application for STEA before engaging in self-employment;
- Set up a new enterprise; **and**
- Be in a position to start up a viable business as a self-employed person.

If your application is successful, you must register as self-employed with the Revenue Commissioners.

## What do I need to complete this application form?

You will need your Personal Public Service (PPS) Number along with information on:

- Where you live;
- Your children;
- Your relationship status; **and**
- Where you want your payment to issue.

## How to complete this application form?

- Use this page as a guide to filling in this form. There is an example on the back.
- Use BLACK ballpoint pen.
- Use BLOCK LETTERS and place an X in the relevant boxes.
- Answer all questions that apply to you.
- Fill in Parts 1-5 as they apply to you and your household.
- Sign the declaration in Part 1.

## How do I apply?

Send this completed form to a Case Officer at your local Intreo Centre .You can find the name and address of your local Intreo Centre by visiting [www.gov.ie/intreo](http://www.gov.ie/intreo)

## Where can I get more information?

For more information on Short Term Enterprise Allowance visit [www.gov.ie/stea](http://www.gov.ie/stea)

## How to fill in the first page of this form

To help us in processing your application quickly please write letters and numbers clearly and use one box for each. Please see examples below.

1. Your PPS Number: 

1	2	3	4	5	6	7	T		
---	---	---	---	---	---	---	---	--	--
2. Title, insert an **X** or specify: Mr  Mrs  Ms  Other 

--	--	--	--	--	--	--	--
3. Surname: 

M	U	R	P	H	Y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--
4. First names: 

M	A	U	R	E	E	N													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--
5. Your first name as it appears on your birth certificate: 

M	A	R	Y																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
6. Birth surname: 

M	C	D	E	R	M	O	T	T											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--
7. Your mother's birth surname: 

K	E	L	L	Y															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
8. Your date of birth: 

2	8			0	2			1	9	7	0								
D	D			M	M			Y	Y	Y	Y								

## Contact Details

9. Your address: 

1		N	E	W		S	T	R	E	E	T								
O	L	D		T	O	W	N												
C	O		D	O	N	E	G	A	L										
10. Your telephone number: 

O	N	E		N	U	M	B	E	R		P	E	R		B	O	X		
MOBILE																			
O	N	E		N	U	M	B	E	R		P	E	R		B	O	X		
LANDLINE																			
11. Your email address: 

O	N	E		C	H	A	R	A	C	T	E	R		P	E	R			
B	O	X																	

# SAMPLE

# Application form for Short-term Enterprise Allowance

Social Welfare Services

**STEA 1**

Data Classification R



## Part 1

### Your own details

1. Your PPS Number:

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2. Title, insert an X or specify: Mr  Mrs  Ms  Other

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3. Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. First names:

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5. Your first name as it  
appears on your birth  
certificate:

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6. Birth surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. Your mother's birth  
surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Your date of birth:

D	D	M	M	Y	Y	Y	Y				

### Contact Details

9. Your address:


10. Your telephone number:

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MOBILE

--	--	--	--	--	--	--	--	--	--	--	--

LANDLINE

11. Your email address:


### Declaration

I declare that all the information I have given on this form is accurate.

I will tell the department when my circumstances change.

--

Signature, **not** block letters.

Date:

D	D	M	M	Y	Y	Y	Y		

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



**12.** Have you received a Short Term Enterprise Allowance or Back to Work Enterprise Allowance before?

Yes       No

If **Yes**, please give details.

--

**13.** Are you in receipt of Jobseeker's Benefit?

Yes       No

If **Yes**, please state weekly amount:

€  ,  .

**Note:**  
If your application is approved, you should be aware that the Short Term Enterprise Allowance replaces your Jobseeker's Benefit. It is paid at the same rate until the period of Jobseeker's Benefit expires.

You may get your payment direct to your current, deposit or savings account in a financial institution. Please complete your details below.

**Financial Institution**

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Sort code:

Account number:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Names of account holders:

Name 1:

Name 2, if any:



## Part 3

## Details of your qualified children

14. How many children do you wish to claim for?

   
 

under  
age 18  
age 18 - 22 in  
full-time education

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child's:

Surname:

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First names:

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PPS Number:

--	--	--	--	--	--	--	--	--	--

Surname:

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First names:

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PPS Number

--	--	--	--	--	--	--	--	--	--

Surname:

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First names:

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PPS Number:

--	--	--	--	--	--	--	--	--	--

## Part 4

## Details of self-employment project

15. What does your business or project involve?

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16. Have you any relevant training or work experience?

Yes  No

If **Yes**, please give details of training or work experience:

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17. When do you propose to start your business or project?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

18. Do you intend to employ people in your business or project?

Yes  No

If **Yes**, please give details:

--





21. Give details of cost as follows:

Start-up costs: € , .

List your own resources invested and any loans or grants you have received or applied for:

22. Will this self-employment business require time spent out of the country?

Yes  No

If Yes, please give details of proposed absences:

23. Have you registered as self-employed with the Revenue Commissioners?

Yes  No

**Short Term Enterprise Allowance Conditions**

You must tell us at the Department of Social Protection if:

- any person for whom payment is included in your allowance takes up employment, dies, leaves the country, takes up a course, becomes entitled to a social welfare payment or is detained in legal custody;
- you are no longer self-employed; or
- you take up part-time or full-time employment.

24. Their PPS Number:

25. Title, insert an X or specify Mr  Mrs  Ms  Other

26. Their surname:

27. Their first names:

28. Their birth surname:

Return this completed application form to:

A Case Officer at your local Intreo Centre .You can find the name and address of your local Intreo Centre by visiting: [www.gov.ie/intreo](http://www.gov.ie/intreo)



## For official use only

Recommendation: To be completed by the Case Officer

Project approved

Business plan attached

Yes

No

Registered with Revenue

Yes

No

Copy of registration form  
TR1 attached.

Yes

No

Project **not** approved

Give reasons

Signature, not block letters.

Date:

D D

M M

Y Y Y Y

Official stamp

## For official departmental use only

To be completed at your local Intreo Centre.

Jobseeker's Benefit claim commenced:

JB personal rate:

€

Qualified adult rate:

€

QC rate:

€

JB weekly total:

€

Date of cessation:

Fuel allowance entitlement?

Yes

No

Amount:

€

Signed:

Date:

LO or BEO No.

### Overpayment details

Original amount:

€

Deductions:

€

Balance:

€

### 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](http://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.

