Social Welfare Services
AB1

Data Classification R

Application form for
Adoptive Benefit

How to complete this application form.

- Please use this page as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions** that apply to you.
- You need a Personal Public Service Number (PPS No.) before you apply.

Employee:

If you are an **employee** fill in **Parts 1, 2, 3, 5, 6, 7 and 8** as they apply to you. When form is completed, read **Part 9** and sign declaration in **Part 1**.

Self-employed:

If you are **self-employed** fill in **Parts 1, 2, 3, 5, 6, 7 and 8** as they apply to you. When form is completed, read **Part 9** and sign declaration in **Part 1**.

Employer:

Please complete and stamp **Part 4**.

If you need any help to complete this form, please contact your local Social Welfare Office or Citizens Information Centre.

For more information, log on to **www.welfare.ie.**

Important:

Submit this form at least 6 weeks (12 weeks if self-employed) before you intend to start adoptive leave.

You could lose benefit if you do not apply within **6 months** of the date the child is placed with you.

Adoptive Benefit is only payable from the date of placement of the child with you.

How to fill in first page of this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.: 1 2 3 4 5 6 7 T

2. Title: (insert an 'X' or specify) Mr. ☐ Mrs. ☒ Ms. ☐ Other

3. Surname: MURPHY

4. First name(s): MAUREEN

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

6. Birth surname: MCDERMOTT

7. Your mother's birth surname: KELLY

8. Your date of birth: 28 02 1970
D D M M Y Y Y Y

Contact Details

9. Your address:
1 NEW STREET
OLD TOWN
CO DONEGAL

10. Your telephone number: 0861234567
MOBILE
0170430000
LANDLINE

11. Your email address: MMURPHY@WELFARE.IE

Application form for

Adoptive Benefit

Social Welfare Services
AB 1

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Part 1 — Your own details

1. **Your PPS No.:**
2. **Title:** (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other
3. **Surname:**
4. **First name(s):**
5. **Your first name as it appears on your birth certificate:**
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:** 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 means or circumstances change.

Signature (**not** block letters)

Date: D D M M 2 0 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.

Part 1 continued — Your own details

12. Are you?

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Cohabiting
- ☐ In a Civil Partnership
- ☐ A surviving Civil Partner
- ☐ A former Civil Partner (you were in a Civil Partnership that has since been dissolved)

13. If you are married, in a civil partnership or cohabiting, from what date?

D D M M Y Y Y Y

Part 2 — Your work and claim details

14. If you are getting a pension or allowance from another country, please state:

Name of country:

Your claim or reference number:

Amount: € , . a week

15. If you are getting or have applied for any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

Amount: € , . a week

Name of payment:

Amount: € , . a week

16. Have you 'signed' for Jobseeker's Benefit or Allowance or for 'credits' during the last 2 years?

☐ Yes ☐ No

17. If you have ever lived or been employed in another EU country, please specify the details below.

Country:

Employer's name:

Employer's address:

Your social insurance number while there:

Dates you worked there: From:

To:

D D M M Y Y Y Y

Type of work:

Note: A separate sheet of paper can be used for more details if needed.

Your work and claim details

18. Are you currently? ☐ Employed ☐ Self-Employed

You are '**employed**' when you work for another person or company and you get paid for this work. If you are employed, please continue to complete the questions below. If you are currently self-employed only, please go straight to question 23.

19. If you are currently employed, please state:

Employer's name:

Employer's address:

Employer's telephone number:

MOBILE

LANDLINE

Job title:

Gross weekly earnings: € , . a week

'Gross pay' is your pay before tax, PRSI, union dues or other deductions.

Do you currently have more than one employment?

☐ Yes ☐ No

Please note that if you have more than one employer, each employer must complete **Part 4**. A photocopy of **Part 4** or a letter containing the same information will do.

20. If you are no longer in employment, please state the date you last worked: D D M M Y Y Y Y

Please enclose a copy of your P45 showing the date you last worked.

Your last employer's name:

Their address:

Your last employer's telephone number:

MOBILE

LANDLINE

Job title:

Part 2 continued — Your work and claim details

21. If you started work for the first time within the last 3 years, when did you start?

D D M M Y Y Y Y

22. Are you related to your employer? ☐ Yes ☐ No

If 'Yes', how are you related to them?

If you are an employee your employer(s) must complete Part 4.

23. Are you or have you ever been self-employed? ☐ Yes ☐ No

If '**No**', please go to **Part 3.**

If 'Yes', please complete fully the remainder of this section.

Your occupation:

Date you started self-employment:

D D M M Y Y Y Y

If you are no longer self-employed, when were you last self-employed?

D D M M Y Y Y Y

If you recently started self-employment, please send confirmation of registration from Revenue.

Please state your:

Business name:

Business address:

Your business telephone number:

MOBILE

LANDLINE

Your business registration number:

24. When do you intend to start adoptive leave?

D D M M Y Y Y Y

25. Date you intend to return to self-employment after your adoptive leave?

D D M M Y Y Y Y

26. Is your company a limited company? ☐ Yes ☐ No

If 'Yes', attach a copy of your P35 for the appropriate year(s).

27. Are you a sole trader? ☐ Yes ☐ No

If 'Yes', attach a Notice of Assessment of Tax for the appropriate tax year(s).

Remember to send in the relevant certificates and documents with this application.

Part 3 Your payment details

If you want to get your payment direct to your current, deposit or savings account in a financial institution, please fill in your account details below. Alternatively, if you want us to make your payment to your employer, please fill in your employer's account details and sign the declaration below.

Name of financial institution:

Address of financial institution:

Sort code:

Account number:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Payment direct to my employer

I authorise the Department of Social Protection to pay my Adoptive Benefit to my employer's bank or building society account.

Signature (**not** block letters)

Part 4 Employer's information

TO BE COMPLETED BY EMPLOYERS ONLY

Your employee must give you at least 4 weeks notice of their intended adoptive leave. You can forecast your employee's PRSI contributions up to the date they are due to start adoptive leave.

28. What is your employee's full name?

29. Please confirm their PPS No.:

30. Please confirm the date employee first started working for you:

D D M M Y Y Y Y

Continued overleaf ⟶

Part 4 continued — Employer's information

31. Please give full details of your employee's adoptive leave dates.

From: DD MM YYYY

To: DD MM YYYY

32. Please give details of your employee's PRSI record for the 12 month period immediately before their adoptive leave starts.

Period of employment:
From: DD MM YYYY
To: DD MM YYYY
Number of weeks:
PRSI class:

If your employee has more than one class of PRSI (for example, if their PRSI changed from Class A to Class J), please give details.

Period of employment:
From: DD MM YYYY
To: DD MM YYYY
Number of weeks:
PRSI class:

I/We certify that the employee is entitled to the period of adoptive leave stated above.

Name: ______________________________

IN BLOCK LETTERS

Signed by or for employer

Signature (**not** block letters)

Position in company or organisation

Employer's official stamp

Date: DD MM 2 0 Y Y

Employer's registered number:

Employer's telephone number:
MOBILE
LANDLINE

Employer's email address:

If you make any alterations after you complete the form, please initial and date them.

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

Part 5 Details of your child(ren)

33. 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:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Note: A separate sheet of paper can be used for more details if needed.

Part 6 Adoptive details

34. How are you adopting the child?

— **By foreign adoption?** ☐ Yes ☐ No

- **If 'Yes', you must attach a copy of the Declaration of Suitability given to you by the Adoption Board.**

— **Through the Health Service Executive or an Irish registered Adoption Society?**

☐ Yes ☐ No

- **If 'Yes', you must attach the Certificate of Placement given to you.**

35. What is the name of the Adoption Society or Regional Office of the Health Service Executive arranging the adoption of your child?

36. Date/Expected date of placement of child with you?

D D M M Y Y Y Y

or

When was the child placed with you?

D D M M Y Y Y Y

We will treat all information in the strictest of confidence.

Adoptive Benefit is only payable from the date of placement of the child. You cannot get Adoptive Benefit until we have received the Certificate of Placement or Declaration of Suitability as appropriate, to verify the actual date of placement.

Part 7 Your spouse's, civil partner's or cohabitant's details

37. Their PPS No.:

38. Title: (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other

39. Their surname:

40. Their first name(s):

41. Their birth surname:

42. Their mother's birth surname:

43. Their date of birth: D D M M Y Y Y Y

44. Do they currently live with you? ☐ Yes ☐ No

45. If they do not live with you, please state their address:

Part 8 Your spouse's, civil partner's or cohabitant's work and claim details

You may be entitled to an increase for your spouse, civil partner or cohabitant if their gross weekly pay is less than €310 per week.

46. Do you wish to claim an increase for them?

☐ Yes ☐ No

If 'No', please go to Part 9.

If 'Yes', please complete fully the remainder of this section.

47. If they are employed, please include their 6 most recent payslips with your application and state:

Gross income: € , . a week

48. If they are self-employed, please include their most recent Notice of Assessment and state:

Gross income: € , . a week

49. If they have income from any other source, such as an occupational pension, please state:

Gross income: € , . a week

50. If they are getting or have applied for any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

Amount: € , . a week

51. If they are getting a pension or allowance from another country, please state:

Name of country:

Their claim or reference number:

Amount (in euros): € , . a week

Part 9 Checklist

Has your employer completed Part 4?

Have you enclosed the following?

— A copy of the certificate of placement or a copy of the declaration of suitability

— Letter from school or college
(if you have child(ren) aged between 18 and 22 who are in full-time education)

— Your P45 (if applicable) - see question 20

— A verified copy of your GNIB Card/Work Permit (Non-EEA citizens only)*

If you are self-employed (if applicable):

— Your most recent P35

— Your most recent Notice of Assessment of Tax

In respect of your spouse, civil partner or cohabitant (if applicable):

— If employed - their 6 most recent payslips (if gross weekly earnings are less than €310)

— If self-employed - their most recent Notice of Assessment of Tax or P35

If you were married or entered into a civil partnership or a civil union outside the Republic of Ireland:

— A verified marriage certificate or civil partnership or a civil union registration certificate*

* To have verified, please bring to any Garda Station or office of the Department of Social Protection. Please note that only verified copies of the original versions of certificates are acceptable.

You should note that your claim for Adoptive Benefit cannot be processed until we receive the documentation indicated above.

Please remember to sign the declaration in Part 1.

Send this completed application form to:

Adoptive Benefit Section
FREEPOST
Department of Social Protection
McCarter's Road
Ardarvan
Buncrana
Co. Donegal

LoCall: 1890 690 690 (from the Republic of Ireland only)
Telephone: + 353 1 4715898 (from Northern Ireland or overseas)

Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

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