Social Welfare Services
COVID-UP

Data Classification R

Application form for
COVID Pandemic Unemployment Payment

This is an emergency payment

Please make a full jobseekers application form (UP1) within the next six weeks, form are available on www.gov.ie/deasp. This Payment will only last for a maximum of SIX weeks.

First Name ☐☐☐☐☐☐☐☐☐☐☐☐ Surname ☐☐☐☐☐☐☐☐☐☐☐

PPS No ☐☐☐☐☐☐☐☐☐☐ Mothers Birth Surname ☐☐☐☐☐☐☐☐☐☐☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

County ☐☐☐☐☐☐☐☐☐☐☐ Phone Number ☐☐☐☐☐☐☐☐☐☐☐

E-mail address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth ☐☐ / ☐☐ / ☐☐☐☐

Employer name, address and phone no. ____

Last day worked/paid to: ☐☐ / ☐☐ /2020 Why did this job finish? ____________________

Are you still working casually, part-time etc.? Yes ☐ No ☐

Are you in receipt of another weekly Social Welfare payment ? Yes ☐ No ☐

Bank Account Details

Bank Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

BIC ☐☐☐☐☐☐☐☐☐☐☐☐

IBAN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Please keep checking your Bank Account as payment may issue in advance of notification.

DECLARATION BY CLAIMANT

- I declare that I am not being paid by my employer at the moment.
- I state that I will inform the Department if there are any changes in my circumstances which may affect my entitlement to payment.
- I know that it is an offence to provide false information or to withhold information to qualify for this payment.

Signed: ________________________________ Date: _____/_____/2020

Claimant's Signature

Post this form back to **FREEPOST PO Box 12896, Dublin 1** or drop into your local Intreo Centre/Social Welfare Branch Office

Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.gov.ie/deasp/privacystatement or in hard copy..

For Official Use Only

I award a payment to this customer -

Signature of DP/DO: ____________________________ Date: _____/_____/2020

Name of DP/DO: ______________________________