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 maximu 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 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/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: ______________________