



Income from Designated Programmes Form

For income from CE, TUS or Rural Social scheme you should ask your employer to complete this form.

Applicant's Name	
Applicants W Number	
Employee's Name	
Employee's PPS Number	

Employer's Name	
Employer's Address	

Please indicate the type of Programme to which this employment refers:

<input type="radio"/> Community Employment(CE)	<input type="radio"/> TUS	<input type="radio"/> Rural Social	<input type="radio"/> Other
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Details of Other Programme (if applicable)
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Please provide dates for employment on this scheme:

Date From: (DD/MM/YYYY)	Date To: (DD/MM/YYYY)
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Please provide details of payment:

Weekly Rate	€	Year Total	€
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Please tick if payment included amounts for	<input type="radio"/> Qualified Adult	<input type="radio"/> Qualified Child
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Name of Qualified Adult (if in respect of a party to the SUSI Grant Application)	
Total Amount paid for Qualified Adult	€
Name of Qualified Child (If in respect of SUSI Grant Applicant)	
Total Amount paid for Qualified Child	€

Please Note: Forms that are not signed and stamped by all parties will not be accepted by SUSI. This will result in delays when processing your application.



Signature of Employee		Date	
Signature of Employer		Date	

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Company Stamp

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