



Income from Designated Programmes Form

For income from Community Employment (CE), TUS or Rural Social Scheme (RSS), please ask your employer to complete this form.

Applicant's Name	
SUSI Application 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:

- | | |
|---|-----------------------|
| Community Employment Scheme (CE) | <input type="radio"/> |
| Community Work Placement Initiative (TUS) | <input type="radio"/> |
| Rural Social Scheme (RSS) | <input type="radio"/> |
| Other | <input type="radio"/> |

Details of Other Programme (if applicable)

Please provide dates for employment on this scheme:

Date From: (DD/MM/YYYY)	Date To: (DD/MM/YYYY)

Please provide details of payment:

Weekly Rate	€
Year Total	€

Please tick if payment included amounts for

☐ **Qualified Adult**

☐ **Qualified Child**

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	€

Signature of Employee: _____

Date: _____

Signature of Employer: _____

Date: _____

Company/Employer Stamp

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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.