

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 Nam	ne		
Employer's Add	ress		
Please indicate t	he type of programn	ne to which this employment ref	ers:
Community Employ	vmont Schomo (CE)	\circ	
Community Employment Scheme (CE Community Work Placement Initiativ		rus) O	
Rural Social Scheme (RSS)		rus) O	
Other		0	
Other		O	
Details of Other	Programme (if appl	icable)	
	Programme (if appl	•	
	ates for employmen	•	
Please provide d	ates for employmen	t on this scheme:	
Please provide dans de la provide de l	ates for employment MM/YYYY) etails of payment:	t on this scheme:	
Please provide do Date From: (DD/ Please provide do Weekly Rate	ates for employment	t on this scheme:	
Please provide dans de la provide de l	ates for employment MM/YYYY) etails of payment:	t on this scheme:	
Please provide do Date From: (DD/ Please provide do Weekly Rate	ates for employment MM/YYYY) etails of payment: €	t on this scheme:	
Please provide do Date From: (DD/ Please provide do Weekly Rate Year Total	ates for employment MM/YYYY) etails of payment: € €	t on this scheme:	
Please provide do Date From: (DD/ Please provide do Weekly Rate Year Total Please tick if par	ates for employment MM/YYYY) etails of payment: € €	Date To: (DD/MM/YYYY)	
Please provide do Date From: (DD/ Please provide do Weekly Rate Year Total	ates for employment MM/YYYY) etails of payment: € €	t on this scheme:	
Please provide do Date From: (DD/ Please provide do Weekly Rate Year Total Please tick if par	ates for employment MM/YYYY) etails of payment: € €	Date To: (DD/MM/YYYY)	
Please provide do Date From: (DD/ Please provide do Weekly Rate Year Total Please tick if paramounts for	ates for employment MM/YYYY) etails of payment: € €	Date To: (DD/MM/YYYY) O Qualified Adult	
Please provide do Date From: (DD/ Please provide do Weekly Rate Year Total Please tick if paramounts for Name of Quali	ates for employment MM/YYYY) etails of payment: € vment included	Date To: (DD/MM/YYYY) O Qualified Adult	
Please provide do Date From: (DD/ Please provide do Weekly Rate Year Total Please tick if paramounts for Name of Quali	etails of payment:	Date To: (DD/MM/YYYY) O Qualified Adult	
Please provide do Date From: (DD/ Please provide do Weekly Rate Year Total Please tick if paramounts for Name of Qualirespect of a paramount application	etails of payment:	O Qualified Adult O Qualified Child	
Please provide do Date From: (DD/ Please provide do Weekly Rate Year Total Please tick if paramounts for Name of Qualicespect of a paramount application	ates for employment MM/YYYY) etails of payment: € yment included fied Adult (if in arty to the SUSI on)	O Qualified Adult O Qualified Child	



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	

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.