

**Document 1.3**

**COMMUNITY SERVICES PROGRAMME  
EMPLOYMENT ELIGIBILITY FORM**

**PART 1: TO BE COMPLETED BY CSP SERVICE/EMPLOYER**

Service/Project name: _____	Pobal grant ID _____
Company name (if different from service name) : _____	Employee Start Date: _____
	Employee Job Title: _____
Address: _____	Signed: _____ <b>CSP Manager/Board Member</b>
_____	

**PART 2: TO BE COMPLETED BY EMPLOYEE**

Name: _____	PPS Number: _____
Address: _____	Date of Birth: _____
_____	<b>Employee signature:</b> _____

**PART 3: TO BE COMPLETED BY DEPARTMENT OF SOCIAL PROTECTION or FÁS IN CASE OF EX CE OR JI WORKERS**

Employment Exchange: \_\_\_\_\_ Hatch Number: \_\_\_\_\_

Type of Benefit      UA     UB     OPFA       OTHER:

Duration on Live Register / Duration of Receipt of Benefit (weeks): \_\_\_\_\_

Previous CE/JIS experience: No:  Yes:     Dates: From \_\_\_\_\_ To: \_\_\_\_\_

Signed: _____	<b>Department of Social Protection or FÁS Stamp</b>
Date: _____	
_____	