

**Expression of Interest for inclusion on
Back to Work Enterprise Allowance Scheme (BTWEAS)/(STEA)**

Inishowen Development Partnership
St. Mary's Road, Buncrana 074-93-62218
info@inishowen.ie - www.inishowen.ie

Date of contact with IDP _____

Personal Details

Name: _____

Address: _____

_____ PPS No. _____

Telephone No: _____ Mobile: _____

E/ Mail Address _____ Date of Birth: _____

Nature of Proposed Business: _____

Schools Attended: Primary School _____ Secondary School _____

Third Level: _____

Educational Qualifications _____

Marital Status: _____ No. of Children: _____ Age of Children _____

Have you ever availed of any other service from the Inishowen Partnership Company? If so please give details (e.g. Job Club, Training services etc.)

Part B

This section must be completed by Department of Social & Family Affairs

DSFA Declaration

I certify that the above-mentioned person is eligible at this date for participation on the BTW/EA Scheme.

DSFA Stamp: _____ Benefits: _____ Type _____
(Department of Social & Family Affairs)

Date Benefits Commenced: _____

Signed: _____ DSFA Date: _____

For Office Use

Date of Issue: _____ *Date returned:* _____

Date to SWLO _____ *Date returned from SWLO* _____



Transforming Ireland

