

Please refer to the **General Conditions** before completing this form

**EMPLOYER DETAILS**

Please type or complete this form in **BLOCK CAPITALS**

Company/Employer Name:	<input type="text"/>	Tel:	<input type="text"/>
Employer's RSI Number:	<input type="text"/>	Fax:	<input type="text"/>
Address:	<input type="text"/>	Email:	<input type="text"/>
<input type="text"/>	Contact Name: <input type="text"/>		
Number of Employees (for statistical purposes only):	<input type="text"/>		
Nature of business (for statistical purposes only):	<input type="text"/>		
Current Tax Clearance Certificate Number – Form TC1 (please attach a copy):	<input type="text"/>		

**EMPLOYEE DETAILS**

Name of employee on whose behalf this application is made:	<input type="text"/>
Employee's PPS Number:	<input type="text"/>
Date of commencement of employment with your company:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Current role in the company:	<input type="text"/>
Name of employee's line manager:	<input type="text"/>
How many days has the employee been absent in the previous 4 weeks as a result of the injury/illness?	<input type="text"/>
Date of notification of illness/condition/impairment to employer:	<input type="text"/> / <input type="text"/> / <input type="text"/>

**QUALIFIED PROFESSIONAL OR EQUIVALENT SPECIALIST**

(as per definition, page 3 'General Conditions'. Give details of each specialist used in Stage I. Use separate pages if necessary)

Name of specialist:	<input type="text"/>
Name of organisation (if applicable):	<input type="text"/>
Address:	<input type="text"/>
Tel:	<input type="text"/>
Fax:	<input type="text"/>
Email:	<input type="text"/>
Current Tax Clearance Certificate Number – Form TC1 (please attach a copy):	<input type="text"/>
Professional qualifications held by Specialist (attach copies of Certificates, Degrees, Diplomas)	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Professional memberships (attach copies/proofs of membership)	Please indicate whether membership is by examination/assessment or by application
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

*Continued Overleaf*

**ERG1. Revision No: 0 08/06/05**

**RETENTION STRATEGY**

**Elements of the Retention Strategy – Stage I – for which Funding is sought**

**Development of the individualised Retention Strategy including:**

Occupational Capacity Evaluation:	Cost €
Workplace/job assessment:	<input type="text"/>
Development and writing of the individualised Retention Strategy:	<input type="text"/>
Other costs (please give details):	<input type="text"/>
<b>Total cost of developing the Retention Strategy – Stage I:</b>	<input type="text"/>

(a detailed costing *must* be attached)

**When is the Retention Strategy due to start?**       /  /

We, the undersigned, have read and understood the General Conditions governing the Employee Retention Grant Scheme and agree to cooperate in the development of the Retention Strategy:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Employer/Nominee</b>	<b>Employee</b>	<b>Specialist</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Union Representative /Advocate (where appropriate)</b>	<b>Line Manager (where appropriate)</b>	

**CHECKLIST**

**Please ensure that you have included the following with your application:**

**check  as appropriate**

References for the Specialist(s) from two companies who have previously availed of his/her services:	<input type="checkbox"/>	FÁS USE ONLY
Copies of the Specialist's qualifications and professional memberships:	<input type="checkbox"/>	
A current Tax Clearance Certificate for your company:	<input type="checkbox"/>	
A current Tax Clearance Certificate for the Specialist(s) or his/her employer:	<input type="checkbox"/>	
Each of the participants has signed this application form:	<input type="checkbox"/>	<input type="checkbox"/>

**FOR FÁS OFFICE USE ONLY**

<b>RECOMMENDED FOR APPROVAL BY STB ADVISOR</b>	<b>APPROVED BY STB MANAGER</b>
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Name of STB Advisor: <input type="text"/>	Name of STB Manager: <input type="text"/>
Signature: <input type="text"/>	Signature: <input type="text"/>
Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>

This Scheme has been developed in consultation with IBEC, ICTU, ISME, CIF, IIF, the Small Firms Association, the Health & Safety Authority, and the Department of Enterprise & Employment. This scheme is funded by the Department of Enterprise, Trade & Employment and supported by the National Development Plan (2000-2006).



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