



Workplace Equipment/Adaptation Grant (WEAG) APPLICATION FORM

Name of Employee:..... P.P.S. No.:

Address:

.....

Tel No.: D.O.B:/...../.....

Male () Female ()

Type of Disability:.....

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Name of Employer:

Address:

.....

Contact Name:

Company/Employer Stamp

Tel. No.:

Type of Business:

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Application by: Employer ()

 Employee ()

 Self-Employed ()

Purpose of Application:

The Grant is to be used to:

Adaptation of Premises ()

Retain Employment ()

Adaptive Equipment ()

New Employment ()

Upgrading of Equipment ()

Self – Employment ()

Training in use of Equipment ()

Description of Equipment/Adaptation and Justification:

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Amount Requested, excluding VAT.....

Signed:

Date:/...../.....

Any Additional Information:

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Notes:

1. Application to be accompanied by:
 - 2 quotations for items over €35,
 - 3 quotations for items over €1,270.

VAT must be itemised separately in each quotation.

2. Plans should accompany workplace adaptation and a timescale for completing work should be indicated. Adaptations to premises should comply with building Regulations and recommendations set out in Technical Guidance Document M Access for Disabled People.