

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"/>
	Contact Name:	<input type="text"/>	
Current Tax Clearance Certificate Number – Form TC1 (please attach a copy): <input type="text"/>			

EMPLOYEE DETAILS (AS PER STAGE I APPLICATION)

Name of employee on whose behalf this application is made:	<input type="text"/>
Employee's PPS number:	<input type="text"/>

IMPLEMENTATION OF RETENTION STRATEGY

Elements of the Retention Strategy (Stage II) for which funding is sought	Estimated Cost
Job Coach: Estimated number of hours of support:	<input type="text"/>
Specialist (External Coordination): Estimated number of hours of support:	<input type="text"/>
Training/re-training: Details to be included in Retention Strategy:	<input type="text"/>
Other Costs: Please specify:	<input type="text"/>
Total estimated cost of implementing the Retention Strategy (Stage II): (A detailed costing must be attached)	<input type="text"/>
When is the implementation of the Retention Strategy due to commence?	<input type="text"/> / <input type="text"/> / <input type="text"/>

**QUALIFIED PROFESSIONAL OR EQUIVALENT SPECIALIST
(if different from Stage I)**

(as per definition, page 3 'General Conditions'. Give details of each specialist/Job Coach used in Stage II.
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"/>

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We, the undersigned, agree to cooperate in the implementing the attached Retention Strategy:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer /nominee	Employee	Specialist
<input type="text"/>	<input type="text"/>	
Union Representative/Advocate (if appropriate)	Line Manager (if appropriate)	

CHECKLIST

Please ensure that you have included the following with your application:
check as appropriate

- A copy of the Retention Strategy:
- A copy of your company's current tax clearance certificate (TC1) if not previously submitted:
- A copy of the Specialist's and/or Job Coach's (or their employer) current tax clearance certificate (TC1) if not previously submitted:
- Three quotes from appropriate Specialists/Job coaches where the amount payable exceeds €7,600:
If other than the lowest quote is selected, a written rationale for the selection must be included

FÁS USE ONLY

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Do you intend to apply for any of the following FÁS employment supports on behalf of the named employee?

Yes No

If yes, please check all that apply

Employment Support Scheme	<input type="checkbox"/>
Workplace/Equipment Adaptation Grant	<input type="checkbox"/>
Personal Reader Grant	<input type="checkbox"/>

FOR FÁS OFFICE USE ONLY

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