# APPLICATION FOR INCLUSION ON THE DEPARTMENT OF SOCIAL PROTECTION'S PANEL FOR THE HAIR REPLACEMENT SCHEME

***Please complete in block letters and return to Treatment Benefit Section, St. Oliver Plunkett Road, Letterkenny, Co. Donegal***

**Trading Name:**

**Contact Name:** _____

**Provider's Address:**

**Telephone Number:**

**E-mail Address:**
*(must match the email used for your ROS sub-cert)*

**PAYMENT DETAILS** *(Payment will issue by Electronic Fund Transfer)*

**NAME OF BANK/BUILDING SOCIETY** _____.
***(BLOCK LETTERS)***

**ADDRESS OF BANK/BUILDING SOCIETY**
***(BLOCK LETTERS)***

**SORT CODE**

**ACCOUNT NUMBER (8 digits only)**

**ACCOUNT NAME**
***(BLOCK LETTERS)***

## ***DECLARATION***

**I wish to apply for inclusion on the Department's Panel and I enclose:**

- **An *original* valid Tax Clearance Certificate in the Trading name of the provider (or the Tax Reference Number and Access Code)**

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**NOTE: If the tax reference number refers to another party, consent must be given.**

**I _____ consent for my Tax reference number to be used for the purpose**

**of operating the hair replacement benefit scheme for the Department of Social Protection.**

- **A *copy* of current Professional Indemnity Insurance.**

**I declare that all the details given are correct and I undertake to notify the Department of any changes.**

***SIGNED:*_____ *DATE:*_____**

***About Welfare Partners:*** Welfare Partners is an on-line Portal that will allow you to check a customers eligibility to a grant for hair replacement quickly and will also allow you to claim the payment on-line.

To sign up to Welfare Partners, you must first of all register with Revenue's online system (you may already have partially done this). Step-by-step details of how to sign up to Revenue and access Welfare Partners are available at:

https://www.welfarepartners.ie/Pages/GettingStarted