



ACCESS TO EMPLOYMENT (A2E) SCHEME 2021-2027
REQUEST FOR VERIFICATION FORM

SECTION 1: DETAILS OF THE A2E SCHEME PARTICIPANT (EMPLOYEE)

Name and Surname of the A2E Participant:

ID Card No.

SECTION 2: DETAILS OF THE PROFESSIONAL SIGNING THIS ATTESTATION

A professional is an individual who is either fully registered and holds a warrant in a specific field or an ordained minister of the Catholic Church. Also, this form should be filled-in and signed by a person that is independent and not related or linked to the employer and participant/employee.

DECLARATION:

I confirm that I have known the mentioned person for at least 2 years.
(Such period can be less if a person has been residing in Malta for a less period.)

I also confirm that, to the best of my knowledge, the mentioned person is currently living as a single adult with one or more dependents. (Dependents maybe persons who are either under 18 years of age or bed ridden or who are severely mentally/physically impaired because they need continuous care).

Name and Surname:

ID Card No.

Profession

Mobile No.

Email Address

Address:

Date

Signature