



ESF.01.002 – YOUTH GUARANTEE

Employer Application Form

Ref: No.: _____

Date: _____

A. Details

1. Company / Organisation: _____
2. Address: _____
3. Contact Person: _____ 4. Designation: _____
5. I.D. Card No.: _____ 6. Email address: _____
7. Office Telephone: _____ 8. Mobile: _____
9. VAT number and/or company reg. No: _____
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B. Request

I would like to offer the opportunity to _____ (enter the amount) youth/s currently undergoing the Youth Guarantee 2.0 Scheme to follow a 12 week Work Exposure in position/s provided in point 18 below. *(In case of different positions a fresh application has to be submitted).*

If the location of the Work Exposure is different from the above address (in point 2), kindly write the address where the exposure will be taking place:

10. Address: _____

If the contact details of the person who will be directly responsible for the participant are different from the above (in point 3), please write the details below:

11. Name & Surname: _____ 12. I.D. Card No.: _____
13. Designation: _____ 14. Email Address: _____
15. Office Telephone: _____ 16. Mobile: _____



Important Note: The person mentioned in field 11, will be responsible for the Work Exposure carried out by the participant. If any issues or queries arise, s/he must always report to the Youth Guarantee Administrators immediately.

C. Proposed Work Exposure:

DAYS: Monday Tuesday Wednesday Thursday Friday

HOURS: 8.00 - 12.00 9.00 - 13.00 10.00 - 14.00 **Other¹**

17. Other working hours - please specify and justify¹:

N.B. These hours of work are subject to consideration and approval by Youth Guarantee Administrators.

18. Basic Requirements and Qualifications

POSITION	AMOUNT	SUBJECT/S REQUIRED	LEVEL	Mark where applicable:
				Literate <input type="checkbox"/>
				Numerate <input type="checkbox"/>
				Communication skills <input type="checkbox"/>
				Basic IT skills <input type="checkbox"/>
				<i>Other:</i> <input type="checkbox"/>
				Level examples: Basic, knowledgeable, competent, 'O' Level (For languages - Basic, Fluent etc...)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

D. Declaration

I declare that all the information provided in this form and any other documents enclosed are, to the best of my knowledge and belief, correct. I acknowledge that the application may be subject to regular monitoring and auditing and as a Work Exposure Provider I will keep adequate records for this purpose in line with instructions provided by the Youth Guarantee Administrators.

I also declare that the Work Exposure provided to the Youth Guarantee participant will not be simultaneously supported through other funding. I also declare that I will abide by the principle of good governance. I understand that if the information in the form is found to be not factually correct, the application may be rejected.

19. Name & Surname: _____ 20. I.D. Card No.: _____

21. Signature: _____

¹ Legal Notice 440/2003 Minors - No work is to be carried out during the night, that is, the period between ten o'clock in the evening and six o'clock in the morning, unless there is a justification that merits an exemption. There may be exemptions in the sectors of shipping or fishing, hospitals or similar institutions and in cultural, artistic; sports or advertising activities, if there are objective reasons;



E. Checklist of documents to be presented at the application stage:

i. The original application form (duly filled and signed).

F. Checklist of documents to be presented upon approval of your participation (before Agreement is signed):

For Office use only:

Application number: YG _____

Verification of eligibility of Youth Guarantee Work Exposure Provider.

Mark where applicable:

	YES	NO
a. Is the document complete?		
b. Does the applicant operate in an eligible sector of the economy?		
c. Were there any redundancies in the last six (6) months in the same position?		

Approved by the Youth Guarantee Team

YES	NO

Reason/s if NOT approved:

Signature of Youth Guarantee Administrator

Date

