







ESF.01.002 – YOUTH GUARANTEE

Employer Application Form	Ref: No.:
A. Details	Date:
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:	
B. Request	
	_ (enter the amount) youth/s currently undergoing the Youth ork Exposure in position/s provided in point 18 below. (In case be submitted).
If the location of the Work Exposure is differen address where the exposure will be taking place	t from the above address (in point 2), kindly write the e:
10. Address:	-
If the contact details of the person who will be above (in point 3), please write the details below	directly responsible for the participant are different from the ow:
11. Name & Surname:	12: I.D. Card No.:
13. Designation:	14: Email Address:
15: Office Telephone:	16. Mobile:









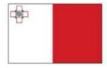


PARLIAMENTARY SECRETARIAT FOR THE EU PRESIDENCY 2017 AND EU FUNDS

<u>Important Note:</u> 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. Propos	sed Work E	xposure:									
DAYS:	Monday		Гuesday		Wednes	day		Thursday		Friday	
HOURS:	8.00 - 12.0	00	9.00 - 13.00		10.00 - 1	4.00		Other ¹			
17. Other	working h	ours - please	specify an	d justify	v ¹ :						
	=	ork are subject ents and Qu			d approval	by You	th Guara	ntee Adminis	trators.		
POS	ITION	AMOUNT	SUBJECT/	S REQU	IRED	LEV	VEL	Mark wh	ere appl	icable:	
								Literate			
								Numerat	e		
								Commun	ication s	kills	
								Basic IT s	kills		
								Other:			
								Level exa	mples:		
								Basic, kno Level	wledgeab	ole, comp	etent, '
								(For langu	ages - Ba	sic, Fluen	t etc)
D. Declar	ation										
		informatio	•			•					
	•	dge and be			_				-	-	
_	_	and auditing instructions		•					e records	for this	
purpose	iii iiiie witii	IIISti uctions	provided i	Jy the f	outii Gua	rantee	Aummi	Strators.			
I also de	clare that	the Work	Exposure p	rovided	to the	Youth	Guaran	tee particip	oant will	not be	
simultane	eously supp	oorted thro	ugh other f	funding.	. I also de	eclare	that I w	ill abide by	the prir	nciple of	
good gov	ernance. I	understand	that if the i	informa	tion in th	e form	is found	d to be not	factually	correct,	
the appli	cation may	be rejected									
10 Name	. Q. Surnam	e:			20	ID C	ard No ·				
TJ. Name	. & Juillaili	c			_ 20.	. 1.D. C	ara ivo				
21. Signat	ture:										
- 0 10											

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 (befo signed):	re Agreemen	it is
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?		
or were there and reading the time tases of (a) menting in the same position.		
Approved by the Youth Guarantee Team	YES	NO
Reason/s if NOT approved:		
Signature of Youth Guarantee Administrator Date		



