

Access to Employment (A2E) Scheme Call 3.1 - Application Form

A. DETAILS

Legal name of Employer¹

Type of Entity:

If Other, please specify:

Does this entail an economic activity?

Address:

VAT Number:

P.E. Number:

Company Registration No. / Voluntary Organisation No.
(in case of NGOs) (if applicable):

Applicant's Name & Surname:
(person signing on behalf of the Employer)

ID Card Number:

Designation:

Phone / Mobile Number:

Email Address:

Delegation of Authority² accepted by:

Name & Surname

ID Number:

¹ If a Company / Partnership – as registered with the MFSA or as stated in the Legal Act; Self-employed Person – as registered with the VAT Department;
NGOs – as registered with the Office of the Commissioner for Voluntary Organisations; Social Partners – as registered with the Department of Industrial and Employment Relations

² Delegation of Authority is issued when another person/s is acting on behalf of the applicant

Designation:

Phone / Mobile Number:

Email Address:

Signature: _____

B. REQUESTS

I would like to engage person/s on the Access to Employment (A2E) Scheme in the following position:

Position³:

Number of Person/s:

List of persons to be engaged in same position

Name and Surname:

ID Number:

ISCED Level:

Mobile Number:

Email Address:

Target Group:

Is the participant a migrant, a person with a foreign background, or part of a minority group?

Does the participant have any disadvantages⁴?

List of persons to be engaged in same position

Name and Surname:

ID Number:

ISCED Level:

Mobile Number:

Email Address:

Target Group:

3 In case of different positions, a new application for every position must be submitted

4 Tick yes if one of more apply:

- a) Have no education level, including basic literacy or numeracy;*
- b) Are homeless or effected by housing exclusion;*
- c) You are an inmate or former offender;*
- d) You are a former substance abuser or are undergoing detoxification treatment;*
- e) At risk of poverty (earning an annual income below €8,698)*

Is the participant a migrant, a person with a foreign background, or part of a minority group?

Does the participant have any disadvantages⁴?

List of persons to be engaged in same position

Name and Surname:

ID Number:

ISCED Level:

Mobile Number:

Email Address:

Target Group:

Is the participant a migrant, a person with a foreign background, or part of a minority group?

Does the participant have any disadvantages⁴?

List of persons to be engaged in same position

Name and Surname:

ID Number:

ISCED Level:

Mobile Number:

Email Address:

Target Group:

Is the participant a migrant, a person with a foreign background, or part of a minority group?

Does the participant have any disadvantages⁴?

List of persons to be engaged in same position

Name and Surname:

ID Number:

ISCED Level:

Mobile Number:

Email Address:

Target Group:

Is the participant a migrant, a person with a foreign background, or part of a minority group?

Does the participant have any disadvantages⁴?

If the place of work is different from the above, kindly indicate the address where the employee will be working:

C. CONDITIONS TO BE OFFERED

Weekly Working Hours⁵:

Working Schedule:

Shift:

Working Hours: From To

Working Days: Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

D. DECLARATION

The Employer declares that the entries in this form and the details in the Application Form and other annexes enclosed are correct, to the best of my knowledge, if found to be incorrect, the application may be rejected.

The Employer acknowledges that the Application will be subject to regular monitoring/auditing and I undertake to keep adequate records for this purpose, in line with the Guidance Notes and applicable Regulations.

The Employer also declares that the wages of persons subsidised under the Access to Employment (A2E) Scheme will not be simultaneously supported through other Community/National Funds other than tax credits.

The Employer also declares that by submitting this application, I am hereby giving my consent for the publication of information related to our participation in the Access to Employment (A2E) Scheme.

The Employer also declares that the Employer is not considered an 'Employer in Difficulty' as per Commission Regulation (EU) No 651/2014 of 17 June 2014 concerning financial losses.

The Employer authorises Jobsplus to make enquiries with the Malta Association of Credit Management to verify any information submitted in connection with this application.

The hereunder signed Employer and Participant/s hereby authorize Jobsplus to make enquires with competent Authorities local or foreign to verify any information submitted in connection with this application.

The undersigned (i.e. Employer) and all delegated persons mentioned above confirm that they have read and agree to the terms and conditions of the A2E Guidance Notes, and that the Applicant is not subject to any recovery of funds procedures either in Malta or in any other Member State.

The person signing on behalf of the Employer is being considered for all intents and purposes as the legal and authorised person appointed by the Employer to act on behalf of the Employer for the purpose of this scheme and will be held fully and personally responsible both towards Jobsplus and the Employer for ascertaining such authority.

Personal Data Protection: Personal information provided in this form will be processed in accordance with the Data Protection Act, Cap 586 of the Laws of Malta and the General Data Protection Regulation (GDPR) (EU) 2016/679 and shall be treated in confidence.

⁵ If actual working hours are more than 20 hours per week but less than 40, the weekly working hours should be ticked as 20

I, _____ (*Name & Surname of Participant*), ID Card Number _____
authorize Jobsplus and any third parties to make use of my personal
information for the purpose of any processing related to A2E Scheme.

Signature of Participant: _____

I, _____ (*Name & Surname of Participant*), ID Card Number _____
authorize Jobsplus and any third parties to make use of my personal
information for the purpose of any processing related to A2E Scheme.

Signature of Participant: _____

I, _____ (*Name & Surname of Participant*), ID Card Number _____
authorize Jobsplus and any third parties to make use of my personal
information for the purpose of any processing related to A2E Scheme.

Signature of Participant: _____

I, _____ (*Name & Surname of Participant*), ID Card Number _____
authorize Jobsplus and any third parties to make use of my personal
information for the purpose of any processing related to A2E Scheme.

Signature of Participant: _____

I, _____ (*Name & Surname of Participant*), ID Card Number _____
authorize Jobsplus and any third parties to make use of my personal
information for the purpose of any processing related to A2E Scheme.

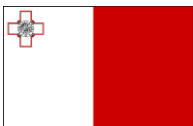
Signature of Participant: _____

Name and Surname of Employer: _____

Signature _____

ID Card Number: _____

Date: _____



Operational Programme II - European Structural and Investment Funds 2014-2020
"Investing in human capital to create more opportunities and promote the wellbeing of society"
Aid part-financed by the European Social Fund
Co-financing rate: 80% European Union; 20% National Funds

