



Declaration of Commencement of Employment

Self-Employed Persons

Notes for Self-Employed Persons:

1. This declaration should be filled in by persons **starting** self-employment for the first time and by persons who were previously self-employed, had stopped and now are going to re-start.
2. When a self-employed person employs any employees s/he should fill in this *Declaration of Commencement* for him/herself (*this form*) and the *Declaration of Commencement of Employment for Employed Persons* for each employee commencing employment with him/her. In the latter case, the self-employed persons should ensure to acquire a PE number from the Inland Revenue Department.
3. This Declaration should be filled in and sent to the Corporation on the **SAME DAY** of commencement of employment.
4. If this is your first employment and you are a **non-Maltese national**, you will need:
 - (a) A copy (*back and front*) of your Identity Card or that of the Residence card issued by Identity Malta;
 - (b) Be in possession of a Certificate of Registration of the Social Security Number from the Department of Social Security or, a certificate of exemption (*Form A1* - https://www.servizz.gov.mt/en/Pages/Inclusion_-Equality-and-Social-Welfare/Social-Solidarity/Benefits-and-Services/WEB635/default.aspx) from Social Security contributions from the same Department. The NI number needs to be acquired by your kind self from the Department of Social Security.
 - (c) In case you are an Asylum Seeker / Failed Asylum Seeker or holder of a Specific Residence Authorisation or a person with Subsidiary Protection/Temporary Humanitarian Protection Status or Refugee Status, an Employment License is required. This license is issued by the Employment Licensing Unit at Jobsplus. (Email: **employment-licences.jobsplus@gov.mt**).
 - (d) In case you are a Third Country national, an Employment License is also required. However, you need to check with Identity Malta whether you are eligible to apply for a Single Permit prior to engaging in any employment activity, or whether such license may be applied for at the Employment Licensing Unit within Jobsplus.
5. The document indicated in paragraph 4(a) is to be sent to Jobsplus together with this form.

6. The terms used in this Declaration, are as follows:
 - a) "Address" in Section A refers to the home address of the self-employed person.
 - b) "Place of employment" in Section B refers to the town or village where work is located, if this is done in a fixed place.
 - c) "Address of commercial entity" in Section C refers to the place where you receive your business mail.
7. Section C (Details of Employer), "Employer Number (Jobsplus)" is a number issued by Jobsplus when a person registers as self-employed. If this is the first time that you are going to register as self-employed and you still do not have this number, please leave it blank.
8. This declaration, together with any forms required, should be sent to:

**Jobsplus Gozo
Employment Records Unit
Sir Arturo Mercieca Street
Victoria Gozo VCT 2024**

Email: hriuforms.jobsplus@gov.mt

In case of difficulty phone **22201955/1875**

9. Engagement Forms can also be submitted through our website: www.jobsplus.gov.mt
10. Any self-employed person, who does not send this declaration within the stipulated time, is liable to a fine as envisaged in Articles 50 to 54 of the Employment Training Services ACT XXXIX of 2018.
11. An acknowledgement is issued once this form is processed. If the self-employed person does not receive an acknowledgement, it is his/her responsibility to inform Jobsplus to issue another acknowledgement or to download one if submitted electronically.
12. These notes are for information purposes only.

"Personal data is collected, held and used by Jobsplus and is exchanged with third parties in order to fulfil the functions required of Jobsplus according to the provisions of the Employment and Training Services Act (Chapter 594) of the Laws of Malta. Jobsplus will use personal data according to the provisions of the Data Protection Act 2018, the General Data Protection Regulation EC/679/2016 and Jobsplus' Privacy Policy (<https://jobsplus.gov.mt/privacy-policy>). Data provided to Jobsplus should be correct and should there be any changes, these are to be communicated to Jobsplus immediately. Both employers and employees have the right to access, change and delete, where applicable, the personal data that Jobsplus holds about them as well as to request that any incorrect personal data is rectified."



ENGAGEMENT FORM-SELF-EMPLOYED

SECTION A: PERSONAL DETAILS

For office use only:

Identity Card Number / Passport

Social Security (N.I.) Number

Date of Birth

Name

Surname

Number / Name of Residence

Street

Locality

Postcode

Email address

Mobile Number

Telephone Number

Gender

Male

Female

Other

Nationality

Maltese

Dual Citizen

EU

Non-EU

In case of a Non-EU citizen, who is dependent on an EU National, the Nationality of the EU Citizen needs to be written down below and a copy of the "Residence Card" or the Interim receipt issued by Identity Malta of the non-EU citizen needs to be attached.

In case of a Non-EU Citizen, and he/she is married to a Maltese national, please attach the document of the "Freedom of Movement by Marriage" issued by Identity Malta.

SECTION B: DETAILS OF EMPLOYMENT

Full-Time

Part-Time

Designation / Type of Work

Date of Commencement:

Place of Employment

Gozo

Town/City

Malta

Town/City

SECTION C: COMMERCIAL DETAILS OF SELF-EMPLOYED

If commercial address details are the same as those in Section A (residence address), please tick (✓) this box:

Trade name used by self-employed

Employer N° (Jobsplus)

PE Number (I.R.D.)

Name of Commercial Entity (Partnership/ Company)

VAT Number

Address of Commercial Entity/Self-Employed

Type of Employer

Self-Employed (without employees)

Self-Employed (with employees)

Cooperative

Partnership

Joint Venture

Foreign Owned

Maltese Owned

Locality

Postcode

Mobile Number

Telephone Number

Email address

Primary Sector in which Commercial Entity operates

Signature

Designation

IdentityCardNumber

Form Submitted Date