EU funds
for Malta
2014-2020

jobsplus

TRAINING FOR EMPLOYMENT
TRAINEESHIP SCHEME – APPLICATION FORM FOR EMPLOYERS

COMPANY DETAILS	
Company / Trading Name	VAT No.
Address	
Telephone	Post Code
Contact Person	
Position	
E-mail	Mobile

TRAINEE REQUEST DETAILS

Kindly indicate the number of employees currently engaged by your organisation:

Kindly provide a list of occupations where you can provide work exposure. For each occupation, kindly indicate the number of trainees requested.

OCCUPATION OVERVIEW*		TRAINEES REQUESTED
Occupation		
List at least three main tasks related to the occupation.		
Occupation		
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Occupation		
List at least three main tasks related to the occupation.		

∗*Attach any additional information (such as job description) related to each occupation, as you deem necessary.*

DECLARATION

I declare that all details in this application form are correct and accurate.

Name: _____ ID Card No: _____

Designation: _____

Signature: _____ Date: _____

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FOR OFFICE USE

Application Received: _____ *Time:* _____ *Application Number:* _____