

**TRAINING FOR EMPLOYMENT
WORK PLACEMENT SCHEME – APPLICATION FORM FOR EMPLOYERS**

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

WORK PLACEMENT & TRAINEE REQUEST DETAILS	
Kindly indicate the number of employees currently engaged by your organisation: _____	
From the occupations listed below, kindly indicate the number of trainees requested.	
OCCUPATION	TRAINEES REQUESTED
Childcare Worker	
Care Worker for the Elderly	
Care Worker for Persons with a Disability	

DECLARATION
I declare that all details in this application form are correct and accurate.
Name: _____ ID Card No: _____
Designation: _____
Signature: _____ Date: _____
* <i>Personal data is collected, held and processed by the Employment and Training Corporation (ETC) in accordance with the Data Protection Act XXVI of 2001. Personal and confidential data will not be disclosed to third parties unless such data is required in accordance with ETC obligations within Act XXVIII of 1990; or it is required under any other applicable Law. The subject retains the right to access, change and delete, where applicable, personal data as processed by the ETC. Data provided should be correct and any changes communicated to the ETC immediately.</i>

FOR OFFICE USE
Application Received: _____ Time: _____ Application Number: _____



Operational Programme II - European Structural and Investment Funds 2014-2020
"Investing in human capital to create more opportunities and promote the well-being of society"
 Project part-financed by the European Social Fund
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