



AVERAGE WAGE EARNERS' SCHEME APPLICATION FORM

COURSE DETAILS

TITLE _____
START DATE _____ END DATE _____

PERSONAL DETAILS

NAME & SURNAME _____ I.D. N° _____
ADDRESS _____
POSTCODE _____
TELEPHONE N° / MOBILE N° _____ DATE OF BIRTH _____
E-MAIL _____

EMPLOYMENT DETAILS

(Please tick ✓ accordingly)

FULL TIME EMPLOYED PART TIME EMPLOYED

NAME OF COMPANY _____
COMPANY ADDRESS _____
POSTCODE _____
NAME OF COMPANY REPRESENTATIVE _____
TELEPHONE/S _____

ADDITIONAL EMPLOYMENT DETAILS (Applicable for persons holding more than one job)

(Please tick ✓ accordingly)

FULL TIME EMPLOYED PART TIME EMPLOYED

NAME OF COMPANY _____
COMPANY ADDRESS _____
POSTCODE _____
NAME OF COMPANY REPRESENTATIVE _____
TELEPHONE/S _____

ADDITIONAL EMPLOYMENT DETAILS (Applicable for persons holding more than two jobs)

(Please tick ✓ accordingly)

FULL TIME EMPLOYED PART TIME EMPLOYED

NAME OF COMPANY _____
COMPANY ADDRESS _____
POSTCODE _____
NAME OF COMPANY REPRESENTATIVE _____
TELEPHONE/S _____

TERMS AND CONDITIONS

The following are the conditions that would establish the weekly attendance, verification of eligibility and payment of grant to eligible participants.

Eligibility

The grant will be made available to gainfully employed applicants who successfully complete the course and whose weekly wage does not exceed €300 (Basic) per week. The application form together with all relevant documentation is to be submitted within **two calendar months** following course completion. Failure to submit all documentation within the given timeframe will render your application as not eligible. Applicants cannot submit more than one application for the same course.

The applicant needs to:

- a) **attach a copy of his/her three (3) most recent payslips (Profit & Loss account in the case of self-employed) relative to the completion date of the training programme. In case of more than one job applicant is to submit the (3) most recent payslips for each job.**
- b) **attach a double-sided copy of the ID Card or Driving Licence (single-sided copy of the identification section of a Passport)**
- c) **a letter from the Bank confirming the International Bank Account Number (IBAN) or a bank statement including IBAN. If a bank statement is provided all transaction showing on the bank statement are to be blanked. The bank account holder name should be of the applicant. The Maltese IBAN is made up of 31 alphanumeric characters.**

Attendance and payment of grant

Eligible participants would be required to attend a minimum of four hours of training per week. The maximum allowance applicable per week will be €25 even if the applicant is following more than one training programme.

DECLARATION

I affirm that the details given here are true to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE

I authorise Jobsplus to make use of my personal or confidential information which leads to suitable employment and/or training. **This authorisation is given to Jobsplus in order to process my personal data according to the Data Protection Act (2001). My data will not be disclosed to third parties unless such data is required in order to provide me with employment and training services in accordance with Jobsplus' obligations within the Employment and Training Services Act XXVIII of 1990; or it is required under any other specific Law.**

I have the right to access my personal data as processed by Jobsplus. I will provide correct data and if this data changes I will inform Jobsplus immediately. I retain the right to access, change and delete, where applicable, the information which concerns me.

FOR OFFICE USE

Name & Surname _____ Signature _____ Received on: _____

FOR OFFICE USE

This is to certify that the applicant is eligible for the above grant. The applicant will be reimbursed for _____ weeks. The amount due is € _____.

Training Coordinator

Name & Surname _____ Signature _____ Date _____

Payment Executive

Name & Surname _____ Signature _____ Date _____

Department Manager, Training and Employer Services

Name & Surname _____ Signature _____ Date _____

Finance Department

Name & Surname _____ Signature _____ Date _____