

**TRAINING FOR EMPLOYMENT
TRAINEESHIP SCHEME – APPLICATION FORM FOR PLACEMENT PROVIDER**

PLACEMENT PROVIDER DETAILS	
Trading Name _____	VAT No. _____
Address _____	
Telephone _____	Post Code _____
Contact Person _____	
Position _____	
E-mail _____	Mobile _____

TRAINEE REQUEST DETAILS		
<i>Kindly provide a list of occupations where you can provide work exposure. For each occupation, kindly indicate the number of trainees requested.</i>		
OCCUPATION OVERVIEW*		TRAINEES REQUESTED
Occupation		
<i>List at least three main tasks related to the occupation.</i>		
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** 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: _____



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
Co-financing rate: 80% European Union; 20% National Funds

