

## FINANCIAL SUPPORT FOR MOBILE WORKER'S INTEGRATION PROGRAMME

To make your application eligible, you must complete all fields of the form using **capital letters** and submit the documents listed below:

- Proof of the company registration
- Copy of proof of identity of the concerned worker(s),
- List of participants.

### General information

Business name: .....

Registration number: .....

Legal representative: .....

Number of employees: .....

Address of the head office: .....

Postcode:..... City:..... Country:.....

Name and position of the contact person: .....

Phone number: .....

E-mail address:.....

### Integration programme - checklist of training and support activities:

- Basic** induction training (**one** of the following training modules)
- Comprehensive** induction training (**at least one** of the following training modules combined with administrative support and settlement facilitation)

|  | Individual training      | Group training           |
|--|--------------------------|--------------------------|
| <b>Language training</b>                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Technical training</b>                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If Technical training, please specify:.....</i> |                          |                          |
| .....  |                          |                          |
| .....  |                          |                          |
| <b>Business visits</b>                             | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Mentoring support</b>                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If Other, please specify:.....</i>              |                          |                          |
| .....  |                          |                          |
| .....  |                          |                          |
| .....  |                          |                          |
| .....  |                          |                          |

**Administrative support and settlement facilitation** (mandatory item in the case of comprehensive introduction training)

It can include one or more of the following support items: *residence registration, work permit, relocation, assistance to find housing, assistance to obtain recognition of qualifications, children's schooling, etc. (please specify)*

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Brief description of the integration programme activities:

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.....

Provisional duration of the training module(s) (training hours or days per thematic module):

.....

.....

.....

Job vacancy (-ies) concerned:.....

.....

.....

Number of recruited workers: .....

| N° | Surname | First name | Date of birth | Nationality | Contract start and end dates |
|----|---------|------------|---------------|-------------|------------------------------|
| 1  |         |            |               |             |                              |
| 2  |         |            |               |             |                              |
| 3  |         |            |               |             |                              |
| 4  |         |            |               |             |                              |
| 5  |         |            |               |             |                              |

Location of the induction training(s):

.....

.....

.....

I, the undersigned legal representative / executive officer (please circle the appropriate option) of the company ..... confirm that the newly recruited mobile worker(s) will start a (please tick as appropriate):

- basic** induction training
- comprehensive** induction training

Within the first **three weeks** of work.

I understand that for reimbursement entitlement from *TMS-REACTIVATE* to support the costs of the integration programme:

- I must submit the application form describing the integration programme **before** the candidate(s) take(s) up their positions,
- The financial support from *TMS-REACTIVATE* regarding the costs of the integration programme will be granted **after** the candidate(s) take(s) up their positions,
- The application is submitted to the approval of *TMS-REACTIVATE*.

Name of legal representative / executive officer:

.....

Date: ...../ ...../20..... (dd/mm/yyyy)      Signature:

**To be completed by *TMS-REACTIVATE***

The financial support is  **granted**  **not granted** by *TMS-REACTIVATE*

Motivation if not granted:.....

Verified by: (e-mail address) .....

Date: .....(dd/mm/yyyy)

**Amount (EUR):** .....