

# Access to Employment (A2E) Scheme (2nd Call)



## A. DETAILS

Legal name of Employer <sup>1</sup>

**Type of Entity:**

Company

Partnership

Self-Employed  
Person

Association

NGO

Social Partner

If Other, please specify:

Does this entail an economic activity?

Yes

No

Address

Applicant's Name & Surname (*person signing on  
behalf of the Employer*)

E-mail Address

Designation

VAT Number

<sup>1</sup> If a Company / Partnership – as registered with the MFSA or as stated in the Legal Act;  
Self-employed Person – as registered with the VAT Department;  
NGOs – as registered with the Office of the Commissioner for Voluntary Organisations;  
Social Partners – as registered with the Department of Industrial and Employment Relations



ID Card Number

Company Registration Number / Voluntary Organisation  
Number (in case of NGOs) (if applicable):

Phone / Mobile Number

P.E. Number

Delegation of Authority accepted by: *(Delegation of Authority is used when another person/s is acting on behalf of the applicant)*

Name & Surname

ID Number

Designation

Mobile Number

E-mail

Signature

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## B. REQUESTS

I would like to engage on the Access to Employment (A2E) Scheme persons in the following specific position: *(in case of different positions a fresh application for every position has to be submitted)*

Position

Number of persons



**List of persons to be engaged in same position**

Name & Surname	ID Number	ISCED Level	Target Group Number
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If the place of work is different from the above, kindly indicate the address where the employee will be working

**C. CONDITIONS TO BE OFFERED**

**Weekly Working Hours**

20  40

If actual working hours are more than 20 hours per week but less than 40, the weekly working hours should be ticked as 20

**Working Schedule**

Regular  Irregular

**Shift**

Yes  No

**Working Hours**

From  To

**Working Days**

Monday  Tuesday  Wednesday  Thursday   
Friday  Saturday  Sunday



## D. DECLARATION

**The Employer declares that the entries in this form and the details in the Application Form** and other annexes enclosed are correct, to the best of my knowledge, if found to be incorrect, the application may be rejected.

The Employer acknowledges that the Application will be subject to regular monitoring/auditing and I undertake to keep adequate records for this purpose, in line with the Guidance Notes and applicable Regulations.

The Employer also declares that the wages of persons subsidised under the Access to Employment (A2E) Scheme will not be simultaneously supported through other Community/National Funds other than tax credits.

The Employer also declares that by submitting this application, I am hereby giving my consent for the publication of information related to our participation in the Access to Employment (A2E) Scheme.

The Employer also declares that the Employer is not considered an 'Employer in Difficulty' as per Commission Regulation (EU) No 651/2014 of 17 June 2014 concerning financial losses.

The Employer authorises Jobsplus to make enquiries with the Malta Association of Credit Management to verify any information submitted in connection with this application.

The hereunder signed Employer and Participant/s hereby authorize Jobsplus to make enquires with competent Authorities local or foreign to verify any information submitted in connection with this application.

The undersigned (i.e. Employer) and all delegated persons mentioned above confirm that they have read and agree to the terms and conditions of the A2E Guidance Notes, and that the Applicant is not subject to any recovery of funds procedures either in Malta or in any other Member State.

The person signing on behalf of the Employer is being considered for all intents and purposes as the legal and authorised person appointed by the Employer to act on behalf of the Employer for the purpose of this scheme and will be held fully and personally responsible both towards Jobsplus and the Employer for ascertaining such authority.



**Personal Data Protection:** Personal information provided in this form will be processed in accordance with the Data Protection Act, Cap 440 of the Laws of Malta and the General Data Protection Regulation (GDPR) (EU) 2016/679 and shall be treated in confidence.

I,

*(Name and Surname of Participant)*

**the undersigned**

**ID Card Number**

\_\_\_\_\_  
*(Signature of Participant)*

**authorize Jobsplus and any third parties to make use of my personal information for the purpose of any processing related to A2E Scheme.**

I,

*(Name and Surname of Participant)*

**the undersigned**

**ID Card Number**

\_\_\_\_\_  
*(Signature of Participant)*

**authorize Jobsplus and any third parties to make use of my personal information for the purpose of any processing related to A2E Scheme.**

I,

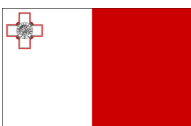
*(Name and Surname of Participant)*

**the undersigned**

**ID Card Number**

\_\_\_\_\_  
*(Signature of Participant)*

**authorize Jobsplus and any third parties to make use of my personal information for the purpose of any processing related to A2E Scheme.**



I,

*(Name and Surname of Participant)*

**the undersigned**

**ID Card Number**

\_\_\_\_\_  
*(Signature of Participant)*

**authorize Jobsplus and any third parties to make use of my personal information for the purpose of any processing related to A2E Scheme.**

I,

*(Name and Surname of Participant)*

**the undersigned**

**ID Card Number**

\_\_\_\_\_  
*(Signature of Participant)*

**authorize Jobsplus and any third parties to make use of my personal information for the purpose of any processing related to A2E Scheme.**

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**Name and Surname of Employer**

**Signature**

**ID Number**

**Date**

**A2E Scheme 2nd Call - Application Form – January 2020**



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