



MINISTRY FOR GOZO

WORK TRIAL SCHEME for YOUTHS

ENHANCING EMPLOYMENT and ECONOMIC ACTIVITY IN GOZO.
A Training Scheme to stimulate and attract the inactive youths into the Labour Market.

APPLICATION FORM

OPENING DATE: Monday, 2nd July 2018 at 0800hrs
CLOSING DATE: Friday, 6th July 2018 at 1200hrs

Initiative by the:

Ministry for Gozo

DOCUMENTS INDEX

Application Form

Declaration

Eligibility Criteria

Declaration by Department of Social Security
(TO BE FILLED ONLY IN CASE PARTICIPANT IS REGISTERING WITH JOBSPLUS ON PART 1)

Conditions and Agreement

Check List

Work Trial Scheme for YOUTHS APPLICATION FORM

Details of Participant

Name & Surname: _____	Date of Birth: _____
Address: _____ _____	Age / ID Card: ____ / _____
E-Mail Address: _____	Gender: _____
Participant is currently registered on Part 1: YES <input type="checkbox"/> NO <input type="checkbox"/>	Mob. No.: _____

Details of Work Experience Provider (Employer)

Private Sector Employers and Voluntary Organisations holding a VO Registration number may apply.

Name of Employer / VO: _____	
Address of Employer / VO: _____ _____ _____	
e-mail Address: _____	
Telephone Number: _____	VAT No. _____
Voluntary Organisation No. _____	(where applicable)
Contact Person: _____	
Position in the Organisation: _____	
ID Card of Contact Person: _____	Mob: _____

Type of Work Experience to be provided to Participant: _____

Signature of Participant

Signature of Employer

Work Trial Scheme for YOUTHS DECLARATION

Declaration by Participant

I am hereby consenting to participate in the Work Trial Scheme held by the Ministry for Gozo and agree and consent to have my personal data processed by it and handed over to third parties for such purpose. As a data subject, I have the right to access, rectify and where applicable erase any data concerning myself. MGOZ undertakes to comply with all relevant legislation and regulations relating to the handling and processing of personal data in force from time to time

Signature of Participant

Declaration by Employer/VO

I am hereby engaging the participant through the Work Trial Scheme and assume full responsibility for the well being and safety of the trainee during the duration of the Scheme.

Moreover, I declare that I will respect and comply fully with all labour market conditions.

Signature of Employer

Work Trial Scheme for YOUTHS

ELIGIBILITY CRITERIA

Eligibility, Labour Market Criteria and Conditions of Scheme

1. All job seekers between the age of **16 years and 20 years** can apply. The Youth Trainee Participant is eligible if he/she has attained the age of sixteen (16) years and not more than twenty (20) years by **Sunday, 15th July 2018**.
2. Applicants who are considered as youths and are currently **registering on Part 1 or Inactive** can participate in the Scheme. In the case of applicants that are registering on Part 1 with Jobsplus, the applicant must present the **Declaration by Department of Social Security** (attached) with the application form.
3. Trainees at the age of 16 years and over who are attending any **Education Institution** (Secondary School, MCAST, ITS, Junior College, University) are eligible to participate in the Scheme.
4. Eligible participants may be engaged with the **Private Sector** and/or **Voluntary Organisation (VO)** holding a **VO Registration number**.
5. Applications will be open between **Monday, 2nd July 2018** and not later than **noon of Friday, 6th July 2018**. A receipt will be given to all applicants.
6. The Work Trial Scheme for Youths will have a **duration of five (5) weeks** from **Monday 6th August 2018** to **Friday 7th September 2018**.
7. Eligible participants will receive a grant of **€75 per week** for a **total of €375** for five (5) weeks.
8. Payment of grants will be issued upon receipt of the **Attendance Sheet by the Ministry for Gozo**. The Attendance Sheet must be submitted to MGOZ at the end of the Scheme by not later than **noon of Friday, 14th September 2018**.
9. Employers must be **registered with Jobsplus** in order to be eligible to engage Youth Trainee Participants through this Scheme and must provide the **work exposure in Gozo**.

Work Trial Scheme for YOUTHS

ELIGIBILITY CRITERIA

10. By submitting this application the employer is assuming the responsibility of the well being and safety of the participant/s at the place of work.

Work Trial Scheme for YOUTHS

DECLARATION BY DEPARTMENT OF SOCIAL SECURITY



OFFICIAL DECLARATION BY PARTICIPANT

(TO BE FILLED ONLY IN CASE PARTICIPANT IS REGISTERING WITH JOBSPLUS ON PART 1)

Dear Participant

Please present this document at the Reception, to be filled, signed and stamped by the Official of the Department of Social Security (DSS).

Date: _____

Name and Surname: _____

Address: _____

ID Card: _____

In view of the above mentioned scheme, the participant is being asked to submit an Official Declaration, regarding the type of benefit/s and the amount he/she is currently receiving.

Type of Benefit: UA SA SUP OTHER Amount per Week: € _____

Signature of Participant

Signature and Official Stamp of Department



MINISTRY FOR GOZO

WORK TRIAL SCHEME for YOUTHS

**ENHANCING EMPLOYMENT and ECONOMIC ACTIVITY IN GOZO
A Scheme to stimulate and attract the youth unemployed and
inactive persons into the Labour Market.**

CONDITIONS and AGREEMENT Employers and Participants

Initiative by the:

Ministry for Gozo

Work Trial Scheme for YOUTHS AGREEMENT

Today: _____

Agreement entered into between:

Participant Details:

_____ (Participant);

bearer of Identity Card Number _____

Hereinafter referred to as the **“Work Trial Scheme Participant”** or **“Participant”**

Employer’s Details:

_____ (Contact Person);

Bearer of Identity Card Number _____ appearing for and behalf of

_____ (Employer / VO)

Hereinafter referred to as **“the Work Experience Provider”**

Ms Joyce Farrugia - bearer of identity card number **30270G** Director Customer Services, appearing for and on behalf of the Ministry for Gozo, hereinafter referred to as **“The Ministry”**

The parties hereby premise:

That the Work Experience Provider wants to avail himself/herself of the **Work Trial Scheme** offered by **the Ministry for Gozo**, that the Ministry hereby acknowledges such a desire and hereby agrees to enter into this agreement, under the following terms and conditions.

The parties hereby agree on the following:

- a) The Work Trial Scheme hereby agreed upon will commence on the **Monday, 7th August 2018** a period of five (5) weeks, and will thus terminate on the **Thursday 7th September 2018**.

- b) That the job seeker has to be registered as unemployed with Jobsplus or Inactive and shall remain so throughout the course of this agreement. The financial grant of €75 per week will have to be refunded in case of formal employment during the period of the scheme.

Obligations of the Work Experience Provider (Employer)

- 1.I Provide adequate work experience to the participant according to the provided Work Trial Scheme Program.
- 1.II Be, for all legal intents and purposes, fully responsible for the participant during the scheme.
- 1.III Ensure the necessary equipment and adequate facilities according to standards available to other workers in similar employment.
- 1.IV Ensure health and safety standards according to national legislation.
- 1.V Ensure that the workplace has an insurance policy that covers the participant.
- 1.VI Provide only a maximum of 100 hours of work experience over 5 weeks, from Monday to Friday, which are to be split into 20 hours/week for every participant.
- 1.VII Ensure that the attendance sheet is filled on a daily basis and kept at the place of work where participant is attending.
- 1.VIII Ensure that the participant is always supervised by the person indicated in the application form and the address where the work experience is carried out is the same as indicated in the application form.
- 1.IX Work Trial Scheme participant must never be left unattended during the program.
- 1.X Forward the attendance sheets at the end of the five weeks, duly filled and signed.
- 1.XI Allow monitoring visits performed by the Ministry's personnel. Monitoring visits may be performed without prior notice.
- 1.XII Inform the Ministry, with immediate effect, of any changes in the conditions of the participant which presently entitle such participant and the same provider to enroll and avail of such scheme.

Obligations of the Youth Trainee Participant

- 2.I The Work Trial Scheme participant will be monitored by a Ministry's official; if the participant is not found at the place of work during Monitoring visits without a valid reason, the Ministry takes actions accordingly.
- 2.II The Work Trial Scheme participant must present any documents to justify any absenteeism.
- 2.III Attendance is to be completed on a daily basis and kept at the place of work.
- 2.IV Adhere to all instructions given by the Ministry and Work Exposure Provider.
- 2.V Be punctual and follow all workplace regulations.
- 2.VI To report to the Ministry any irregularities.

2.VII Cannot abandon the scheme unless approval is given by the Ministry. The participant is obliged to inform immediately the Ministry of any other work opportunities, whether availed of or not, which the participant comes across throughout the course of this agreement.

General Conditions

- 3.I Public holidays / sickness or absenteeism are not considered as performed.
- 3.II The Work Trial Scheme Provider and the Work Trial Scheme Participant are to notify the Ministry with immediate effect if the participant will not be attending at the place of work.
- 3.III Work Trial Scheme participants are to attend a maximum of 100 hours of work experience over 5 weeks.
- 3.IV The scheme is for a maximum of 5 consecutive weeks which cannot be extended.
- 3.V The participant receives an allowance of €75 per week.
- 3.VI The work experience provider and participants are obliged to use documentation provided by the Ministry (Application Form, Bank Details Form and Attendance Sheets). Any other formats of such forms are not accepted.
- 3.VII The Ministry is to be supplied with all the original documentation duly signed and rubber stamped. Photocopies, faxes or any other electronic formats are not accepted.
- 3.VIII The grant is issued by a Bank Direct Credit System and payment will be deposited at the end of the Scheme, provided that Attendance Sheet has been submitted within a week of the termination of the scheme.
- 3.IX Withholding and repayment of Funds
 - 1. Any or all of the payments may be withheld if the following have not been complied with:
 - a. Any of the terms and conditions as set out in this agreement;
 - b. Deadlines are not met;
 - c. Any obligations which applies to the Work Trial Scheme.

Should it transpire that the participant was enrolled or engaged in other work throughout the course of this agreement, then the Ministry will be entitled to claim back on a pro rata basis any payments effected to the participant and/or the Work Exposure Provider.

Joyce Farrugia
Director Customer Services
(MGOZ)

Work Experience Provider
(Employer)

Work Trial Scheme
(Participant)

Work Trial Scheme for YOUTHS

CHECK LIST

PARTICIPANT - Documents requested by the Ministry for Gozo to process the application.

1. **Application duly filled and signed by both 'Participant' and 'Employer'.**
(In the case of a Private Sector Employer this should be signed by the Employer, whilst in the case of a Voluntary Organisation this is to be signed by the Secretary or Administrator)

2. **Photocopy of ID Card of 'Participant'**
(Photocopy must include the front and back of the ID Card)

3. **Scheme Agreement between the 'Participant' and the 'Work Experience Provider'**

4. **Declaration by Department of Social Security - (TO BE FILLED ONLY IN CASE PARTICIPANT IS REGISTERING WITH JOBSPLUS ON PART 1)**

5. **Ministry for Gozo Receipt of Application given to participant**

THE APPLICATION WILL ONLY BE SUBMITTED AND WILL ONLY BE ACCEPTED BY THE MINISTRY FOR GOZO, IF ALL THE ABOVE MENTIONED DOCUMENTS ARE PRESENTED TOGETHER AT APPLICATION STAGE.

ELIGIBILITY OF APPLICATION IS ON A FIRST COME FIRST SERVED BASIS.

FOR OFFICE USE ONLY

Application Received on: _____

MGOZ Representative Name & Surname: _____

MGOZ Representative Signature: _____