

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