

RELOCATION – SUPPLEMENTARY ALLOWANCE APPLICATION FORM

Your application must be submitted **before** the date of the relocation.
You must complete all the fields of the form and send it with the documents listed below (*in one single PDF document*) to:
eusolidaritycorps@pole-emploi.fr :

- Documents/certificates that provide documentary evidence of your entitlement to the supplementary allowance,
- Receipts / invoices.

1 Personal information:

Surname:

First name:

Registration number on the *European Solidarity Corps* portal:

Nationality: Date of birth:...../...../..... (dd/mm/yyyy)

Current country of residence:

Address:

.....

Postal code (*if applicable*): City:

Country:

Phone number: (+.....)

E-mail address:

2 Justification for your application for the supplementary allowance:

Because the relocation costs generate an extraordinary financial burden on my charge, I hereby qualify for a supplementary allowance from the *European Solidarity Corps* programme. For this purpose, I am attaching the necessary declaration/certificate/other documents attesting my situation and the copy of receipts/ invoices concerning the following costs:

1.
2.
3.
4.
5.

(...)

The maximum allowance provided per participant will not exceed EUR 1000, limited to the actual declared and approved costs.

I, the undersigned, confirm that:

- The employer does not pay for my relocation, including paid travel and temporary accommodation, and that I do not receive any other financial support.**
- The information given in this form is correct.
- The financial support provided for my relocation will be used according to the current funding regulations of the *European Solidarity Corps* programme.
- I understand and accept that the *European Solidarity Corps* programme has the right to check ex-post that any allocation provided has been used for the declared purpose and to claim refunding in the case of false declaration.
- I will inform the *European Solidarity Corps* programme immediately if I, for any reason, terminate my employment contract before its term. If I do not have duly motivated and lawful reasons to do so, I will have to reimburse this financial support.**

Date :(dd/mm/yyyy)

Signature :

Approved by (Surname and first name of the employment/EURES adviser):

.....

Date: (dd/mm/yyyy)

Signature:

To be completed by the *European Solidarity Corps* programme

The financial support is **granted** **not granted** by the *European Solidarity Corps* programme

Motivation if not granted:

Verified by: (e-mail address)

Date:(dd/mm/yyyy) Signature:

Total amount (EUR):

Approved for payment: