

LANGUAGE COURSES REIMBURSEMENT FORM

To make your application eligible, you must complete all the fields of the form using **capital letters** and submit the documents listed below (in one single PDF document) to:

esusolidaritycorps@pole-emploi.fr

- Completed form 3,
- Language course certificate of payment (invoice, receipt of payment),
- Certificate of language course attendance,
- Language certificate,
- Bank details holding your name with IBAN and BIC/SWIF.

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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:

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About the company:

If you have obtained a promise of employment or a solidarity-related work, traineeship or apprenticeship contract with a minimum duration of 2 months and a maximum duration of 12 months in a different EU Member State, please send the corresponding documents and fill in the details below:

Company name:

Registration number:

Contact:

E-mail address:

Address:

Postal code (if applicable):City:

Country: Number of employees:

Job title:

Start date of the contract: (dd/mm/yyyy)

End date of the contract: (dd/mm/yyyy)

Duration of the contract: Type of contract*:

*Fixed term work contract, apprenticeship or traineeship

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I hereby confirm that I have paid the amount of EUR for my language course (amount similar to the receipt or the invoice):

Claim for reimbursement of actual declared costs can be submitted after completion of the course, with documentary evidence (invoice or receipt and training certificate). However, an advance payment up to a maximum of 50% of the training course/module costs can also be made earlier, if a copy of the first invoice or receipt is provided.

I understand and I accept that if I fail to attend or complete the approved training plan and if for this reason I am not able to obtain my training certificate, I am not entitled to reimbursement and I have to reimburse any advance payment which I have already received.

I claim for: a partial reimbursement of the costs for the sum of: EUR

a reimbursement of the total costs for the sum of: EUR

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: