

## INTEGRATION PROGRAMME APPLICATION FORM

Your application must be submitted before the start of the contract (at the latest the day before) of the recruited worker, apprentice or trainee.

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](mailto:eusolidaritycorps@pole-emploi.fr) :

- Proof of the company registration (in order to make sure that your company is legally established in the country where the job(s), apprenticeship(s) and traineeship(s) take place),
- List of participant(s),
- Proof of identity of the concerned worker(s),
- Copy of the work, apprenticeship or traineeship contract(s) of the participant(s).

### 1

#### General information

Company name:.....  
 Registration number:.....  
 Legal representative: .....  
 Number of employees: .....  
 Address of the head office:.....  
 Postal code (if applicable): ..... City:..... Country:.....  
 Name and position of the contact person:.....  
 .....  
 Phone number: (+.....) .....  
 Email address: .....

### 2

#### Integration programme - checklist of training and support activities:

**Extent of the integration programme** (at least **one** of the following training modules): entry into employment training, language training, administrative support, mentoring support, and other settlement facilitations.

	Individual training	Group training
<b>Language training</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Entry into employment training</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Technical training</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If technical training, please specify:</i> .....		
.....		
.....		
<b>Business visits</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mentoring support</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If other, please specify:</i> .....		
.....		
.....		

**2**

**Administrative support and settlement facilitation:**

YES

NO

It can include one or more of the following support items: *residence registration, work permit, relocation, assistance to find housing, assistance to obtain recognition of qualifications, children’s schooling, etc. (please specify):*

.....  
 .....

Brief description of the integration programme activities: .....

.....  
 .....

**NB:** If the recruited workers are trainees and/or apprentices, the programme must include some content which are not covered by **the traineeship or apprenticeship programmes** (Please provide a copy of the contract in case of an apprenticeship or a traineeship)

Provisional duration of the training module(s) (training hours or days per thematic module):.....

.....  
 .....

Job vacancy(-ies) concerned : .....

.....  
 .....

Number of recruited workers: .....

n°	Surname	First name	Date of birth	Nationality	Contract start and end dates	Nature of the contract	Participant registration number (on the European Solidarity Corps Portal)
1							
2							
3							
4							
5*							

\* Please add as many lines as necessary

Location of the induction training(s): .....

.....  
 .....

Starting date of the programme: .....

**I, the undersigned** legal representative / executive officer (please circle the appropriate option) of the company ..... confirm that the newly recruited mobile worker(s) will start an integration programme, as defined by the occupational strand of the *European Solidarity Corps* programme, within the **first month** of work.

**I confirm** that the content of the presented integration programme is different and complementary to the learning content and objectives of the traineeship and apprenticeship programmes (Please ignore if not applicable).

2

I understand that to benefit from the financial support of the *European Solidarity Corps* programme for an integration programme:

- I must submit the application form describing the integration programme **before** the candidate(s) take(s) up their positions in the company,
- The financial support of the *European Solidarity Corps* programme regarding the costs of the integration programme will be granted **after** the workers/apprentices/trainees (choose one/several items) take(s) up their positions,
- The application is submitted to the approval of the *European Solidarity Corps* programme.

I, the undersigned, hereby certify that:

- I am under the obligation to submit **after the candidate(s) take(s) up their positions** a written payment request for a **total reimbursement** (application form 5 bis and the requested documents) and I have been informed of the procedure and the necessary supporting documents in order to claim the financial support.
- I understand that the reimbursement of the integration programme will not exceed a maximum amount according to the implementing guide of the *European Solidarity Corps* programme.
- The information given in this form is correct.
- The financial allowance provided for the integration programme will be used according to the current funding regulations of the *European Solidarity Corp* programme.
- I understand and I accept that the *European Solidarity Corps* programme reserves the right to check the given information to make sure that I fulfil the criteria for receiving financial support from *European Solidarity Corps* programme. Otherwise I will have to reimburse the financial support.
- I will inform immediately the *European Solidarity Corps* programme if one candidate (or more) terminate their contracts before their ends. If they do not have duly motivated and lawful reasons to do so, I will have to reimburse this financial support.**

Name of the legal representative/executive officer: .....

Date :..... / ..... / ..... (dd/mm/yyyy)

Signature:

Application 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: