

INTEGRATION PROGRAMME PAYMENT REQUEST

For your application to be 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

- Attendance sheet signed by the participant(s) and signed by the coach, trainer, tutor...,
- Bank details of the company with IBAN and BIS/SWIFT,
- Application form 5 completed.

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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:

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I, the undersigned, declare that the integration programme as detailed in the “*Application form 5*” submitted on: / / (dd/mm/yyyy)

Has been implemented from / / to / /

Number of mobile workers/apprentices/trainees involved in the integration programme (*please specify the number of people for each group*):

.....

I enclose a signed list of participants (*signed by the coach/trainer/tutor and the employee(s)*) with an indication of the thematic subject(s) and the complete duration of the following training actions.

I hereby request the payment of: EUR as the *European Solidarity Corps* programme contribution, in accordance with the applicable funding rules.

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Bank account*

Bank :

IBAN :

SWIFT/BIC :

*the allocation is done via bank transfer

I understand and accept that the European Solidarity Corps programme has the right to check ex-post that the conditions for funding have been duly respected and to claim refunding in the case of false declarations or unjustified cancellation of the labour contract.

Date: / / (dd/mm/yyyy)

Signature and stamp:

Application approved by (surname, 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: