

RETURN TO THE COUNTRY OF RESIDENCE APPLICATION FORM

Your application must be submitted **before** the return trip to your previous country of residence.
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 :

- Proof of identity (identification card, passport),
- Proof of address in the country of residence before your relocation,
- Bank details holding your name with IBAN and BIC/SWIFT,
- Copy of your work contract, or apprenticeship contract, or traineeship contract (duration between 2 and 12 months),
- Travel documents/reservations.

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 About the job, the apprenticeship or the traineeship:

I, hereby, declare that I have been recruited by:

Company name:
Registration number:
Contact person:
E-mail address:
Address:
Postal code (if applicable):City:
Country:Number of employees:
Contract start date: (dd/mm/yyyy) Contract end date: (dd/mm/yyyy)
Job title:
Duration of the contract: Type of contract*:

*Fixed term work contract, apprenticeship or traineeship

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Bank account*

Name of the bank:

IBAN:

SWIFT/BIC:

*The allocation is done via bank transfer

Have you ever benefited from financial support provided by the *European Solidarity Corps* programme? (YES/NO)

If yes, when: Type of allowance:

I, the undersigned, hereby certify that:

- The employer does not pay for my return travel and that I do not receive any other financial support.**
- The information given in this form is correct.
- The financial support provided for return expenses 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 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.
- I will inform the *European Solidarity Corps* programme immediately, if, I do not undertake the return trip. Otherwise, I will have to reimburse this financial support.**

Date :(dd/mm/yyyy) Signature :

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: