

## LANGUAGE COURSES EXPENSES REIMBURSEMENT FORM

To make your application eligible, you must complete all the fields of the form using **capital letters**. You must submit the documents listed below and send them to:

[gestionyfej.00137@pole-emploi.fr](mailto:gestionyfej.00137@pole-emploi.fr)

- Language course invoice/receipt of payment,
- Language certificate,
- Attendance certificate in the language course,
- Bank details holding your name with IBAN and BIC/SWIFT.

### I, the undersigned,

Surname: .....

First name: .....

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

Current country of residence: .....

Address: .....

.....

Post code: ..... City: .....

Country: .....

Phone number: (+..... ) .....

E-mail address: .....

If you have obtained a promise of employment or a work contract with a minimum duration of 6 months in a different EU Member State, attach the corresponding document and fill in the details below:

**Company name:** .....

Contact person: .....

E-mail address: .....

Address: .....

.....

Post code: ..... City: .....

Country: ..... Number of employees: .....

Job title: .....

Duration of the contract: .....

Start date of the contract: .....

I hereby confirm that I have paid the amount of..... 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 50% of the training course/module costs can also be made earlier, if a copy of the first invoice or receipt is provided.

I claim for:  a partial reimbursement of the costs of: EUROS.....

a reimbursement of the total cost of: EUROS.....

Payment of the language course is on my charge. The reimbursement of language courses is limited to a maximum amount according to the guidelines of the European Commission.

**I understand that for reimbursement entitlement I must:**

- **Have obtained a written authorisation** from *TMS-Your first EURES Job* prior to attendance (**Application form 3**),
- **Attach all the requested documents.**

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

Signature:

**To be completed by TMS-Your first EURES Job**

The financial support is  **granted**  **not granted** by *TMS-Your first EURES Job*

Motivation if not granted: .....

Verified by: (*e-mail address*) .....

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

**Amount (EUR):** .....

Good for payment: