

Updated 2017-02-02

Please scan and e-mail the filled in application to the mailbox of any of these countries. Choose your country of residence, or else send it to Sweden.

Azores Reg. Government: [yfej.dreqp@azores.gov.pt](mailto:yfej.dreqp@azores.gov.pt)  
Denmark: [jkuvej@bif.kk.dk](mailto:jkuvej@bif.kk.dk)  
Ireland: [yfej@welfare.ie](mailto:yfej@welfare.ie)  
Portugal: [yfej@iefp.pt](mailto:yfej@iefp.pt)  
Slovenia: [yfej@ess.gov.si](mailto:yfej@ess.gov.si)  
Sweden: [yfej@arbetsformedlingen.se](mailto:yfej@arbetsformedlingen.se)

For further information please visit [www.yourfirsteuresjob.se](http://www.yourfirsteuresjob.se)

## Application for financial support for employer integration programme

Employers must contact a EURES Adviser/staff/Public Employment Service officer to get support.

An employer may receive mobility services containing recruitment services i.e. help to publish vacancies on the EURES portal and on job portals in other countries, matching of suitable candidates from abroad, as well as information on what to think about before employing from abroad.

Name of EURES Adviser/staff/PES officer:.....

Town and country.....

Please attach:

- Proof of registration to ensure your legal establishment as an employer in the country of employment
- Copy of passport of the person/s you employ

### General information

(Please type or use capital letters.)

Company name:.....

Registration/org. number.....



With financial support from the European Union/2014-2010 EaSI programme.



Legal representative:.....

Number of employees:.....

Address of the head office:.....

Postcode and city:.....Country.....

Name and position of contact person:.....

Phone number:.....

E-mail address:.....

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

**Basic** induction training (one of the following training modules)

**Comprehensive** induction training (at least one of the following training modules combined with administrative support and settlement facilitation)

	Individual training	Group training
Language training	<input type="checkbox"/>	<input type="checkbox"/>
Technical training	<input type="checkbox"/>	<input type="checkbox"/>
Please specify:		
.....		
Business visits	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring support	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please specify:		
.....		

**Administrative support and settlement facilitation**

(mandatory item in case of Comprehensive introduction training)

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, notably training content:

.....  
.....  
.....

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

.....  
.....  
.....

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

.....

Number of recruited workers: .....

Surname	First name	Date of Birth	Nationality	Work starting date
---------	------------	---------------	-------------	--------------------

.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Location of the induction training(s):

.....

.....

.....

I, the undersigned  legal representative  executive officer

of the company ..... confirm that the newly recruited mobile worker(s) will benefit from a:

- basic** induction training or  
 **comprehensive** induction training

as from the first three weeks of work.

I am also aware that Your first EURES job financial support for the costs of the integration programme can only be claimed after the worker(s) has/have commenced work and I have sent in the Payment Request form together with a signed list of participants taking part in the trainings. This support is also subject to approval from the Your first EURES job.

Name of legal representative / executive officer:

.....

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

This application is subject to approval by the Your first EURES job. When it has been approved you are obliged to fill in a Payment Request form together with a signed list of participants taking part in the integration programme.

### To be filled in by Your first EURES job – Targeted Mobility Scheme, Sweden

The application is granted  not granted  by Your first Eures job Sweden.

Motivation if not granted:

.....  
.....

Verified by:.....

Date:.....

Confirmed by:.....

Date:.....

21	22	23	24	25	26	27
----	----	----	----	----	----	----

Amount (EUR):.....