

## TRAINING AID FRAMEWORK (TAF) APPLICATION FORM - EMPLOYERS

THE LATEST DOWNLOADED APPLICATION MUST BE SUBMITTED WHEN SUBMITTING AN APPLICATION

### SECTION 1: PROFILE OF EMPLOYER APPLYING FOR TRAINING AID

#### 1.1 PARTICULARS OF EMPLOYER (UNDERTAKING)

REGISTERED NAME  
OF UNDERTAKING \_\_\_\_\_

COMPANY  
REGISTRATION NO. \_\_\_\_\_

P.E. NUMBER \_\_\_\_\_

ARE YOU SELF-  
EMPLOYED?

*(Self-employment is to be  
primary employment.  
Please tick X)*

YES

NO

I.D. NUMBER

*(Required in the case of self-  
employed applicants who have  
no P.E. Number)*

ETC No.\* \_\_\_\_\_

WHICH ECONOMIC SECTOR

DOES THE UNDERTAKING  
BELONG TO? (N.A.C.E. CODE  
NUMBER TO BE ENTERED) \_\_\_\_\_

REGISTERED ADDRESS  
OF UNDERTAKING \_\_\_\_\_

POSTCODE \_\_\_\_\_

TELEPHONE No. 1 \_\_\_\_\_

TELEPHONE No. 2 \_\_\_\_\_

MOBILE \_\_\_\_\_

FAX No. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYEE CLASSIFICATION OF ENTERPRISE\*\* DATED AT *(Date of application)* \_\_\_\_\_ - \_\_\_\_\_ - 2009

CONTRACT TYPE <i>(Fill in below the number of employees with the undertaking with respect to the type of contract that they have with the undertaking)</i>	No. of PERSONS
FULL-TIME INDEFINITE	
CASUAL	
PART-TIME INDEFINITE	
FULL-TIME DEFINITE	
FULL-TIME REDUCED	
PART-TIME DEFINITE	
<b>TOTAL BY CONTRACT TYPE</b>	

GENDER CLASSIFICATION <i>(Write below the number of male and female employees making up the 'TOTAL by Contract Type' in the grid on the left)</i>	No. of PERSONS
MALE EMPLOYEES	
FEMALE EMPLOYEES	
<b>TOTAL</b>	

\*Both a company and a self-employed person should have an ETC No. which may be obtained from the ETC

\*\*Refer to Application Guidelines Notes REF Annex 1, Para 1.1: Classification of Undertakings in Respect of AWUs

ANNUAL WORK UNITS

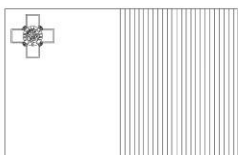
*(Refer to Application Guidance Notes)* \_\_\_\_\_

TOTAL No. of BASIC HOURS

*(Basic Hrs = AWU\*40 hrs\*52weeks)* \_\_\_\_\_

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**1.2 EMPLOYER'S CONTACT PERSON RESPONSIBLE FOR THIS OPERATION***(Where the employer is the contact person write as in Section 1.1)*

NAME &amp; SURNAME \_\_\_\_\_

POSITION/GRADE WITHIN ORGANISATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTCODE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

FAX \_\_\_\_\_

MOBILE NO. \_\_\_\_\_

EMAIL \_\_\_\_\_

**1.3 FINANCIAL DETAILS** *(As at the last Approved Period)***DATE OF LAST APPROVED ACCOUNTING PERIOD***(dd/mm/yyyy)*

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

ANNUAL TURNOVER	€	BALANCE SHEET TOTAL	€
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**SECTION 2: TRAINING PROGRAMME****2.1 DETAILS OF TRAINING PROGRAMME** *(Submission of Course Documentation is Obligatory)*

PROGRAMME TITLE \_\_\_\_\_

TRAINING PROVIDER: INTERNAL *(Please tick X accordingly)*EXTERNAL\* TRAINING LOCATION: IN-HOUSE EXTERNAL\*\* TRAINING TYPE *(Please tick X ONE of the following accordingly)*ONE TO ONE ON THE JOB CLASSROOM DISTANCE LEARNING E-LEARNING 

*DETAILS OF TRAINING PROVIDER <i>(If external)</i>		**TRAINING VENUE <i>(If external and different)</i>	
COMPANY/NAME		ADDRESS	
ADDRESS			
CITY / TOWN		CITY/TOWN	
COUNTRY		COUNTRY	
TELEPHONE NO.		TELEPHONE NO.	
FAX NO.		FAX NO.	
EMAIL		EMAIL	
WEBSITE		WEBSITE	

**TRAINING PROVIDER CONTACT PERSON DETAILS** *(Please insert if known, or provide when available)*

NAME &amp; SURNAME \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

EMAIL \_\_\_\_\_

FAX NO. \_\_\_\_\_

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## 2.2 DESCRIPTION OF TRAINING PROGRAMME

(Please tick X accordingly)

	YES	NO
1. Does training Programme provide qualifications that are largely transferable to other undertakings or fields of work?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does Training Programme relate to environmental management, eco-innovation or corporate social responsibility?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does Training programme substantially improves the employability of the trained worker i.e. his/ her ability to find alternate employment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are <u>same/similar</u> training programmes organised by different independent enterprises?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is Training Programme <u>jointly</u> organised by different independent undertakings?	<input type="checkbox"/>	<input type="checkbox"/>
6. Can employees of different undertakings avail themselves of the same Training Programme?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is Training Programme directly and principally applicable to employee's present or future position in the undertaking?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the Training Programme recognised, certified or validated by public authorities or bodies or by other bodies or institutions on which a Member State or the European Community has conferred the necessary powers?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the relevant number of quotes for provision of training been sought? <i>(Only required if training not provided by employees of applicant)</i>	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOUR CHOICE OF QUOTATION IS NOT THE CHEAPEST PLEASE SUBMIT A JUSTIFICATION NOTE BELOW GIVING REASONS FOR PREFERENCE OF TRAINING PROVIDER. (PLEASE REFER TO IMPLEMENTATION GUIDELINES CHAPTER 4, PARA 4.1).**

**IF SPACE PROVIDED NOT SUFFICIENT, A SEPARATE NOTE MAY BE ADDED. IF SO, KINDLY SPECIFY.**

In cases where the training service required is only available from one or two suppliers, the applicant is to confirm by submitting a **Justification Note** indicating that appropriate enquiries were made to ensure that only one/two suppliers is/are available. Documentary evidence of emails etc sent to providers for quotation requested need to be submitted.

In all cases a Justification note is to be submitted taking into consideration the following:

- the price;
- the quality of the service that can be provided by the suppliers contacted;
- number of service providers available;
- the reasons for the ultimate choice.

The Corporation will consider the justification and decide accordingly. ETC's decision is final

\_\_\_\_\_

HAVE YOU ATTACHED ANY FURTHER NOTES? YES  NO

IF SO, HOW MANY SHEETS? \_\_\_\_\_

**THE CORPORATION RESERVES THE RIGHT TO APPROVE/REJECT ANY JUSTIFICATION NOTE SUBMITTED.**

### 2.3 TRAINING PROGRAMME SCHEDULE

PLEASE INDICATE SCHEDULE

FULL-TIME

PART-TIME MORNING

*(Please tick X accordingly)*

*(Training held during working hours)*

AFTERNOON

Distance Learning (Tick X if yes)

EVENING

TRAINING PERIOD: START DATE (dd/mm/yyyy) \_\_\_\_\_

END DATE (dd/mm/yyyy) \_\_\_\_\_

NO. OF DAYS \_\_\_\_\_

TOTAL HOURS  
EXCLUDING BREAKS  
& TRAVELLING TIME \_\_\_\_\_

NUMBER OF TRAINEES TO BE TRAINED \_\_\_\_\_

### 2.4 PROGRAMME SCOPE AND TRAINING OBJECTIVES *(Kindly give details)*

TRAINING OBJECTIVE	_____
KNOWLEDGE & SKILLS TO BE ATTAINED/LEARNING OUTCOMES	_____
BENEFITS TO BE ATTAINED BY UNDERTAKING	_____
BENEFITS TO BE ATTAINED BY TRAINEE/S	_____

### 2.5 TRAINING EVALUATION METHOD *(To be issued by the Training Provider)*

TRAINING CERTIFICATION\*\*\* CERTIFICATE OF ATTENDANCE

*(Please tick X accordingly)*

CERTIFICATE OF ACHIEVEMENT/COMPETENCE

NAME OF CERTIFICATION BODY / INSTITUTION

ISSUING CERTIFICATE *(Where applicable)* \_\_\_\_\_

\*\*\*N.B. The official TAF and or European Social Fund logo must be integrated with all certificates issued for in-house training and where reasonably possible in any other situation. All copies of all certificates (with or without the official logos) must be given to ETC for payment of training grant. The certificates must be issued by the Undertaking for in house training/by training provider for outsourced training.

**2.6 TIMETABLE OF TRAINING PROGRAMME** (NOT APPLICABLE FOR DISTANCE LEARNING PROGRAMMES)

Date (dd/mm/yyyy)	Start Time	End Time	Length of Break	Total Actual Training Time (excluding break & travelling time)	Topic/Module Title	Trainer's Name	Venue
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**SECTION 3: TRAINERS' PARTICULARS** (If more than one trainer is involved, kindly use separate sheets to provide details for each trainer. NOT required for established Universities and for distance learning programmes organised by institutions approved by the Malta QRIC within the Malta Qualifications Council).

**SECTION 3 MUST BE FILLED IN. AN ORIGINALLY SIGNED COPY OF THIS PAGE BY THE TRAINER MAY BE USED AS DECLARATION OF TRAINERS EXPERIENCES. AN ORIGINALLY SIGNED COPY OF THIS PAGE BY THE TRAINER MAY ALSO BE USED AS A STANDARD TRAINERS CV AS REQUIRED IN SECTION 9 LIST OF ATTACHMENTS.**

**NAME & SURNAME** \_\_\_\_\_

**ID No.** \_\_\_\_\_

**TELEPHONE No.** \_\_\_\_\_

**EMPLOYED WITH UNDERTAKING SUBMITTING APPLICATION?** YES  NO   
(Please tick X )

**NAME OF TRAINING ORGANISATION** \_\_\_\_\_  
(If not employed with applicant)

**CURRENT POSITION OR EMPLOYMENT GRADE** \_\_\_\_\_

**DATE OF APPOINTMENT TO CURRENT POSITION** \_\_\_\_\_

RELEVANT QUALIFICATIONS HELD*	AWARDING BODY
_____	_____
_____	_____
_____	_____
_____	_____
OTHER QUALIFICATIONS HELD*	AWARDING BODY
_____	_____
_____	_____
_____	_____
_____	_____
RELATED WORK EXPERIENCE* (A description of the trainers' experience, showing that it is directly related to the training programme to be delivered)	DURATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\*Attach further notes if necessary.

**HAVE YOU ATTACHED FURTHER NOTES?** YES  NO

**IF SO, HOW MANY SHEETS?** \_\_\_\_\_

**TRAIN THE TRAINER QUALIFICATION HELD?** YES  NO   
(Please tick X )

**DURATION OF TRAIN THE TRAINER QUALIFICATION HELD** (Must exceed 20 hour duration) \_\_\_\_\_  
**DATE OF CERTIFICATION** \_\_\_\_\_

**COURSE TITLE** \_\_\_\_\_

**AWARDING BODY** \_\_\_\_\_

**SUBJECTS/TOPICS TO BE FACILITATED BY TRAINER** (Required if more than 1 trainer will provide Tuition)

- |                |                |
|----------------|----------------|
| <b>1</b> _____ | <b>5</b> _____ |
| <b>2</b> _____ | <b>6</b> _____ |
| <b>3</b> _____ | <b>7</b> _____ |
| <b>4</b> _____ | <b>8</b> _____ |

#### ADDITIONAL DETAILS FOR FOREIGN TRAINERS *(If applicable)*

PASSPORT No. \_\_\_\_\_ PLACE & DATE OF ISSUE \_\_\_\_\_

DATE OF APPLICATION FOR  
EMPLOYMENT LICENCE \*  
*(If not issued yet)* \_\_\_\_\_

EMPLOYMENT  
LICENCE/PERMIT/  
WORKING No.\* \_\_\_\_\_

DIER NOTIFICATION REF. No.  
*(APPLICABLE TO EU NATIONALS)* \_\_\_\_\_

*\*Attach copy of Employment Licence (when available) or Application form to this form. From the above requested information, only passport number is needed in the case of an EU national who is self employed and gives a service in Malta*

TOTAL NUMBER OF TRAINERS \_\_\_\_\_

HAVE YOU ATTACHED FURTHER NOTES? YES  NO

IF SO, HOW MANY SHEETS? \_\_\_\_\_

#### SECTION 4: CONSULTANCY SERVICES (TNA)

The eligible cost of consultancy services is only eligible in the form of TNA fees which cannot exceed 50% (up to a limit of €2,500) of the actual cost incurred. In this case, the aid intensity will be calculated based on this amount (i.e. on the 50% of the eligible costs). All these expenses are eligible subject to the completion of the Training Programme.

**Kindly attach copy of Training Needs Analysis Services Report and quotations with this application.**

#### GUIDANCE REPORT DETAILS

NAME & SURNAME

OF OFFICIAL

COMPILING REPORT \_\_\_\_\_

I.D. No. \_\_\_\_\_

BUSINESS/OFFICE  
ADDRESS \_\_\_\_\_

TEL. No. \_\_\_\_\_

FAX No. \_\_\_\_\_

POSTCODE \_\_\_\_\_

EMAIL \_\_\_\_\_

RELEVANT QUALIFICATIONS HELD*	AWARDING BODY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
OTHER QUALIFICATIONS HELD*	AWARDING BODY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
RELATED WORK EXPERIENCE* (A description of the guidance and counselling experience, showing that it is directly related to the training programme to be delivered)	DURATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\*Attach further notes if necessary.

HAVE YOU ATTACHED FURTHER NOTES? YES  NO   
 IF SO, HOW MANY SHEETS? \_\_\_\_\_

#### 4.3 ADDITIONAL DETAILS FOR FOREIGN CONSULTANTS

PASSPORT NO. \_\_\_\_\_ PLACE & DATE OF ISSUE \_\_\_\_\_

DATE OF APPLICATION FOR  
**EMPLOYMENT LICENCE \***  
 (If not issued yet) \_\_\_\_\_

EMPLOYMENT LICENCE No.\* \_\_\_\_\_ DIER NOTIFICATION REF. No. \_\_\_\_\_

\*Attach copy of Employment Licence (when available) or Application form to this form. From the above requested information, only passport number is needed in the case of an EU national who is self employed and gives a service in Malta

COST OF GUIDANCE REPORT € \_\_\_\_\_  
 (Excluding VAT)

DATE OF REPORT \_\_\_\_\_

**SECTION 5: DETAILS OF PARTICIPANTS** *(Tick as appropriate)*

5.1 TRAINEE DETAILS <i>(Max 5 per sheet)</i>		TRAINEE 1		TRAINEE 2		TRAINEE 3		TRAINEE 4		TRAINEE 5	
ID / PASSPORT NUMBER	AGE	_____	__	_____	__	_____	__	_____	__	_____	__
SURNAME		_____		_____		_____		_____		_____	
NAME		_____		_____		_____		_____		_____	
CONTACT ADDRESS		_____		_____		_____		_____		_____	
		_____		_____		_____		_____		_____	
		_____		_____		_____		_____		_____	
		_____		_____		_____		_____		_____	
MALE (M) / FEMALE (F) <i>(Please tick X)</i>		M <input type="checkbox"/>	F <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
TELEPHONE NUMBER		_____		_____		_____		_____		_____	
REGISTERED DISABLED <i>(Please tick X)</i>		YES <input type="checkbox"/>		YES <input type="checkbox"/>		YES <input type="checkbox"/>		YES <input type="checkbox"/>		YES <input type="checkbox"/>	
5.2 TRAINEE STATUS											
NATIONALITY		_____		_____		_____		_____		_____	
RESIDENT IN MALTA (M)/GOZO (G) <i>(Please tick X)</i>		M <input type="checkbox"/>	G <input type="checkbox"/>	M <input type="checkbox"/>	G <input type="checkbox"/>	M <input type="checkbox"/>	G <input type="checkbox"/>	M <input type="checkbox"/>	G <input type="checkbox"/>	M <input type="checkbox"/>	G <input type="checkbox"/>
MIGRANT <i>(Please tick X)</i>		YES <input type="checkbox"/>		YES <input type="checkbox"/>		YES <input type="checkbox"/>		YES <input type="checkbox"/>		YES <input type="checkbox"/>	
COUNTRY OF ORIGIN <i>(for Migrants)</i>		_____		_____		_____		_____		_____	
5.3 TRAINEE EDUCATION <i>(Please tick X) (only fill in the highest level attained)</i>											
PRIMARY EDUCATION (ISCED 1)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
LOWER SECONDARY EDUCATION UP TO FORM 5 OF SECONDARY EDUCATION OR COMPLETED TRADE SCHOOL PROGRAMME (ISCED 2)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
UPPER SECONDARY EDUCATION COMPLETED SECONDARY EDUCATION AND HAS MATSEC A-LEVEL OR QUALIFICATION AT DIPLOMA LEVEL (ISCED 3)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
POST SECONDARY EDUCATION HIGHER DIPLOMAS (ISCED 4)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
TERTIARY EDUCATION POST-GRADUATE DIPLOMA, DEGREE OR ABOVE (ISCED 5 AND 6)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

5.4 TRAINEE EMPLOYMENT										
EMPLOYMENT START DATE <i>(dd/mm/yyyy)</i>	_____	_____	_____	_____	_____	_____	_____	_____	_____	
PRESENT POSITION	_____	_____	_____	_____	_____	_____	_____	_____	_____	
BASIC HOURLY PAY RATE / € <i>(REFER TO APPLICATION GUIDANCE NOTES SECT. 7 PARA D REF:NOTE)</i>	€ _____	€ _____	€ _____	€ _____	€ _____	€ _____	€ _____	€ _____	€ _____	
IS TRAINEE'S N.I. PAID BY APPLICANT? <i>(Please tick X)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

5.4.2 NORMAL WORKING HOURS - EXCLUDING OVERTIME <i>(Attach Schedule if Irregular or Shift)</i>																								
NORMAL WORK DAYS <i>(Please tick X)</i>	MON	<input type="checkbox"/>	FRI	<input type="checkbox"/>	MON	<input type="checkbox"/>	FRI	<input type="checkbox"/>	MON	<input type="checkbox"/>	FRI	<input type="checkbox"/>	MON	<input type="checkbox"/>	FRI	<input type="checkbox"/>	MON	<input type="checkbox"/>	FRI	<input type="checkbox"/>				
	TUES	<input type="checkbox"/>	SAT	<input type="checkbox"/>	TUES	<input type="checkbox"/>	SAT	<input type="checkbox"/>	TUES	<input type="checkbox"/>	SAT	<input type="checkbox"/>	TUES	<input type="checkbox"/>	SAT	<input type="checkbox"/>	TUES	<input type="checkbox"/>	SAT	<input type="checkbox"/>				
	WED	<input type="checkbox"/>	SUN	<input type="checkbox"/>	WED	<input type="checkbox"/>	SUN	<input type="checkbox"/>	WED	<input type="checkbox"/>	SUN	<input type="checkbox"/>	WED	<input type="checkbox"/>	SUN	<input type="checkbox"/>	WED	<input type="checkbox"/>	SUN	<input type="checkbox"/>				
	THU	<input type="checkbox"/>			THU	<input type="checkbox"/>			THU	<input type="checkbox"/>			THU	<input type="checkbox"/>			THU	<input type="checkbox"/>						
NORMAL START/END TIME <i>(From  To)</i>	_____		_____		_____		_____		_____		_____		_____		_____		_____		_____					
HOURS <i>Regular (R)/ Irregular (I)/ Shift (S)</i>	R	<input type="checkbox"/>	I	<input type="checkbox"/>	S	<input type="checkbox"/>	R	<input type="checkbox"/>	I	<input type="checkbox"/>	S	<input type="checkbox"/>	R	<input type="checkbox"/>	I	<input type="checkbox"/>	S	<input type="checkbox"/>	R	<input type="checkbox"/>	I	<input type="checkbox"/>	S	<input type="checkbox"/>

5.4.3 PRESENT EMPLOYMENT TERM <i>(Please tick X or insert details in ONE CELL ONLY for each trainee)</i>				
INDEFINITE FULL TIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDEFINITE PART TIME*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDEFINITE REDUCED*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEFINITE FULL TIME**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEFINITE PART TIME**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEFINITE PART TIME*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEFINITE REDUCED**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEFINITE REDUCED*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Insert Weekly Average No. of Hrs ( these details should be placed next to the particular tick box)

\*\*Specify Contract End Date ( these details should be placed next to the particular tick box)

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## SECTION 6: TRAVEL EXPENSES

If trainer is not a resident in Malta or training programme is being conducted outside Malta, please indicate expenses in connection to travel relating to trainer or trainee/s. If travel arrangements are not finalised at time of application please indicate approximate costs.

DEPARTURE FROM	DEPARTURE DATE / TIME	DESTINATION	ARRIVAL DATE / TIME	MEANS OF TRANSPORT	COST* (ORIGINAL CURRENCY, Incl. Supplement)	COST IN EURO €
_____	_____	_____	_____	_____	_____	€ _____
_____	_____	_____	_____	_____	_____	€ _____
_____	_____	_____	_____	_____	_____	€ _____
_____	_____	_____	_____	_____	_____	€ _____
_____	_____	_____	_____	_____	_____	€ _____

\*N.B. All expenses expressed in a currency other than Euro shall be converted at the reference rate of exchange as published by the Central Bank of Malta on the date of application for Training Aid. Rates can be seen at: <http://www.ecb.europa.eu/stats/exchange/eurofxref/html/index.en.html#latest>

## SECTION 7: ESTIMATED COST OF TRAINING PROGRAMME

In this section applicants should include global cost of training that the undertaking expects to incur in the provision of the Training Programme covered by this application.

Value Added Tax (VAT) where applicable, is to be deducted from Gross amounts.

NATURE OF EXPENSE	GROSS AMOUNT IN € (INCLUSIVE OF VAT)	VAT IN €	NET AMOUNT IN € (LESS VAT)
GUIDANCE & COUNSELLING SERVICES	_____	_____	_____
TRAINER TRAVEL EXPENSES	_____	_____	_____
TRAINEE TRAVEL EXPENSES	_____	_____	_____
EXTERNAL TRAINER REMUNERATION / TUITION FEES	_____	_____	_____
TRAINER (WHEN INTERNAL EMPLOYEE) BASIC REMUNERATION	_____	_____	_____
TRAINEE WAGE COST (BASIC REMUNERATION)*	_____	_____	_____
	_____	_____	_____
<b>TOTAL EXPENDITURE</b>	_____	_____	_____

The maximum grant will be worked out on the costs indicated herein. Grants shall be accurately calculated on real incurred expenditure that is supported by original invoices, receipts and documentation as specified in the TAF Guidance Notes. The final grant payable shall never exceed the amount agreed to in the grant agreement.

**Note:**

- 1) 'Wage Cost' means the total amount actually payable by the beneficiary of the aid in respect of the employment concerned, comprising:
  - the gross wage, before tax;
  - the compulsory contributions, such as social security charges as referred to in Sect.7 of Application Guidance Notes.
- 2) Budget to be supported by quotations/workings as necessary at application stage

**SECTION 8: FURTHER NOTES & DECLARATION**

Other Subsidies

The undertaking has not benefited directly or indirectly from any training grant scheme/s for the same type of training provided to the same employees. The Beneficiary is fully aware that funding and or reimbursement of fees and/or expenses for the same training programme from any other sources are strictly prohibited. Reimbursement is paid only where training is completed successfully.

Part Time Employees

The Part-time employees being identified in the application for training aid are employed for more than twenty hours a week and this being their primary employment.

Durability of operations

The Beneficiary has read and understood the durability clause (Article 57) enshrined in Council Regulation (EC) 1083/2006 which states that an operation retains the contribution of the funds only if that operation does not, within five years from the completion of the operation undergo a substantial modification affecting its nature or its implementation conditions or that would give to a firm benefiting from the aid an undue advantage; or the cessation of a productive activity.

**DECLARATION**

I certify that all the information submitted is correct.

	<b>PRINT NAME</b>	_____
	<b>POSITION HELD</b>	_____
<b>SIGNATURE OF APPLICANT</b> <i>(In Blue Ink)</i>	<b>DATE</b>	_____

**SECTION 9: TRAINING PACKAGE - CHECKLIST OF ATTACHEMENTS TO BE SUBMITTED BY APPLICANT WITH THIS FORM**

- Tick the boxes on the right to indicate items attached with this application.
- Size Declaration ( Form may be downloaded from [www.etc.gov.mt](http://www.etc.gov.mt))
- Justification Notes related to Quotations
- Copy of 'Train the Trainer' Certificate or equivalent (consult TAF Unit as to what qualifications are acceptable)
- Copy of Qualifications pertaining to Trainer/s or signed declaration (C.V.) or Trainer's experience
- Declaration of Trainer/s' Experience
- Consultancy – Training Needs Analysis
- Quotations for consultancy (Training Needs Analysis) Services
- Employment license related to Trainers/consultants where applicable)
- Financial Identification Form (See Annex 1).
- Any additional sheets attached by applicant


**ANNEX 1 – FINANCIAL IDENTIFICATION FORM** (A CLEARER VERSION OF THIS FORM IS SEPARATELY DOWNLOADABLE.)

Form **TR/S-9**  
(January 2008)  
Treasury Division  
EU Funds Management Unit



**Supply/Service Provider  
Financial Identification Number  
and Certification**

Please remember to complete in **BLOCK LETTERS** and endorse declaration in **Part III** below before submitting to the EU Funds Management Unit

<b>Part I</b>	<p>Business Name as Registered with VAT Dept.</p> <p>Trading Name <i>[if applicable]</i></p> <p>Address</p> <p>Town/City <span style="float: right;">Post Code</span></p> <p>Country <span style="float: right;">VAT Reg. Number</span></p> <p>Contact Person</p> <p>Telephone Number <span style="float: right;">Fax Number</span></p> <p>e-mail Address <i>[generic]</i></p>
<b>Part II</b>	<p>Bank Account Holder</p> <p>Bank Name</p> <p>Branch Address</p> <p>Town/City and Post Code</p> <p>Country</p> <p>International Bank Account Number (IBAN) <i>[compulsory]</i></p> <p>Bank Identifier Code (BIC)</p>
<b>Part III</b>	<p>I the undersigned declare that all information filled herein and conferred to you is to the best of my knowledge and belief true, correct and complete. I understand and am fully aware that falsification of any information may jeopardize the validity of the payment issued thereon. I further declare that I have read and understood the details given on page 2 of this form, and unless otherwise directed, the above information may be used for future EU related payments.</p> <p><b>SIGN HERE</b>      Signature of account holder ▶ .....      Date ▶ ..... <span style="float: right;"><i>[compulsory]</i></span></p>
<b>FOR OFFICE USE ONLY</b>	<p>▶ _____      ▶ _____ <i>Signature of Treasury's Representative</i>      <i>Signature of Contracting Authority/FB* (as applicable)</i> Date <span style="float: right;">Date</span></p> <p style="text-align: right;"><small>* Final Beneficiary</small></p>

Print or type  
Details of Business

Print or type  
Details of Account Holder  
See **Specific Instructions** on page 2

