



Fundusze Europejskie
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Unię Europejską



Województwo
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APPLICATION FORM FOR PARTICIPATION IN THE PROJECT "MOJA PRZYSZŁOŚĆ" (MY FUTURE)

Implemented as part of the European Funds for Silesia 2021-2027
Programme, co-financed by the European Social Fund Plus
for priority axis: FESL.05 European Funds for the Labour market
for the activity: FESL.05.04 Professional activation of working people

BENEFICIARY:

„L.&P.” Sp. z o.o.

ul. ks. Płk. W. Kubsza 28, 44-300 Wodzisław Śląski

The form must be completed legibly, In capital letters, and In spaces marked with the appropriate box should be marked with the symbol „X”.

PERSONAL DATA OF THE CANDIDATE	
Name and surname	
Date of birth	
Place of birth	
PESEL number	
Citizenship	
Education	<input type="checkbox"/> Missing (ISCED 0)
	<input type="checkbox"/> Primary (ISCED 1)
	<input type="checkbox"/> Lower secondary school (ISCED 2)
	<input type="checkbox"/> Upper secondary school – completed high school/ technical school/vocational school (ISCED 3)
	<input type="checkbox"/> Post-secondary school(ISCED 4)
Gender	<input type="checkbox"/> Higher education (ISCED 5-8)
	<input type="checkbox"/> Woman <input type="checkbox"/> Man



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CANDIDATE'S CONTACT DETAILS	
Voivodeship	
County	
Commune	
Town	
Zip code	
Street	
Building and premises number	
Phone number	
Address e-mail	
Correspondence address if different from residential addr	

CANDIDATE STATUS ON THE LABOR MARKET	
I declare that I am a person:	<input type="checkbox"/> Not working, <input type="checkbox"/> Conducting a bussiness activity, <input type="checkbox"/> Leaving agriculture (a certificate from KRUS on insurance and a dokument confirming registration with ZUS after exclusion from KRUS insurance should be attached). <input type="checkbox"/> Working
	<input type="checkbox"/> WORKING POOR PERSON



**I declare that i qualify for one
of the following categories:**

*(you must **select only one category**)*

- My monthly earnings do not exceed the minimum wage In the month preceding my joining the project

(a certificate from the Social Insurance Institution ZUS and certificate from the employer must be attached)

Or

- I live In a household where income (excluding social transfers) per person does not exceed the income criteria eastablished on the basis of the social intervention threshold In the month preceding joining the project

(you must attach a certificate from the Social Insurance Institution ZUS a certificate from your employer and a statement about the amount of income per person in your family)

☐ **A PERSON EMPLOYED ON A SHORT-TERM CONTRACT**

- A person employed under a **contract** concluded for a specified period, **which expires during** the **project period** **or lasts** no longer than 6 months

(a certificate from the Social Insurance Institution ZUS and a certificate from the employer must be attached)

A PERSON WORKING UNDER A CIVIL LAW CONTRACT

(a certificate from the Social Insurance Institution ZUS and a certificate from the employer must be attached)

INFORMATION ABOUT THE CANDIDATE'S EMPLOYER

Full name of the workplace

NIP of the workplace

Workplace address



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DECLARATION OF THE CANDIDATE

I declare that I AM applying for the project on my own initiative and declare my willingness to participate in the training provided as part of the Project outside working hours Or on days off from work

☐ Yes ☐ No

I declare that: ☐ I am/ ☐ I am not

A person with a maximum Upper secondary education, i.e. a maximum of ISCED 3 (completed high school/technical school/basic vocational school)

(Please attach a statement regarding your education In accordance with Annex 5 to the application form and a copy of your diploma or other document confirming your highest level of education).

I declare that: ☐ I am/ ☐ I am not an NGO employee/volunteer

(Appropriate certificate must be attached)

I declare that: ☐ I am/ ☐ I am not / ☐ refuse to provide

A person from a third country³ *(a declaration of third country nationality must be attached)*

I declare that: ☐ I am/ ☐ I am not / ☐ refuse to provide

A person of foreign origin⁴ *(a declaration of being of foreign origin must be attached)*

I declare that: ☐ I am/ ☐ I am not / ☐ refuse to provide

Person belonging to a national or ethnic minority⁵ *(a declaration of belonging to a minority must be attached)*

I declare that: ☐ I am/ ☐ I am not / ☐ refuse to provide

A person in a homeless crisis or affected by exclusion from **access** to housing *(a certificate from the relevant institution/facility must be attached)*

I declare that: ☐ I am/ ☐ I am not / ☐ refuse to provide

I AM a disabled person and I have a valid certificate of disability degree *(Please attach certificate from the relevant institution/facility)*

Do you have any special needs related to participation In the project:

☐ Yes ☐ No

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

.....
(Place and date)

.....
(Legible signature of the candidate for project participant)