



Form number	
Date	
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RECRUITMENT FORM FOR PARTICIPATION IN THE PROJECT "Together We Can Do More" Project No. FEMA.08.04-IP.01-01KO/23

	PERSONAL DAT	ГА		
(PL	EASE COMPLETE USING BL	OCK L	.ETTERS)	
Name				
Surname				
Citizenship				
PESEL				
Gender	☐ FEMALE		☐ MALE	
	CONTACT DATA	852		
Address of residence (per Civil Code)	Voivodeship			
	County			
	Municipality			
	Postal Code, City			
	Street, building number/apartment number			
Contact phone number				
E-mail adress				

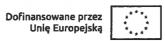






	I. FORMAL CRITERIA (0/1)			
1.	I am a resident of the city of Ostrołęka or Ostrów Mazowiecka:	YES 🗆	NO 🗆	
2.	I am a person who, following the Russian Federation's aggression against Ukraine, has been granted temporary protection. *The individual is required to provide documentation of residency, e.q., visa/residency card/document confirming protection.	YES 🗆	NO 🗆	
	II. PREFERENCE CRITERIA			PUNKTY
	EMPLOYMENT STATUS	5		
1.	I am professionally inactive, i.e., a person not part of the labor force (not working, unemployed, or seeking employment). *The individual must provide a certificate from ZUS/PUE ZUS confirming the lack of pension and disability contributions Including:	YES 🗆	NO 🗆	9 pkt
	I am professionally inactive and studying.			
	,,	YES 🗆	NO □	
	I am professionally inactive and not participating in education or training.	YES □	NO □	
2.	I am unemployed, i.e., a person without work, willing to work, and actively seeking employment. Including:	YES 🗆	NO 🗆	10 pkt
	1) I am registered as unemployed at a labor office. *The individual must provide a certificate from the labor office confirming unemployment status.	YES 🗆	NO 🗆	







	2) I am long-term unemployed, i.e., unemployed for at least 12 months (for individuals aged 25 or older) or at least 6 months (for individuals under 25).	YES 🗆	NO 🗆	
	3) I am unemployed but not registered in labor office records. *The individual must provide a certificate from ZUS/PUE ZUS regarding the lack of pension and disability contributions.	YES 🗆	NO 🗆	
3.	I am employed, incuding:	YES 🗆	NO □	
	- I have professional experience of no more than 1 year.	YES 🗆	NO □	10 pkt
	-I have professional experience of more than 1 year but no more than 2 years.	YES 🗆	NO 🗆	6 pkt
	- I have professional experience exceeding 2 years.	YES 🗆	NO □	4 pkt
	QUALIFICATION LEVEL	-		
4.	I have the following education level:			
	- Primary (ISCED 1), completed primary school.,	YES 🗆	NO □	10 pkt
	- Lower secondary (ISCED 2), completed lower secondary school.	YES 🗆	NO 🗆	8 pkt
	- Upper secondary (ISCED 3), completed high school – general, technical, or vocational school,	YES 🗆	NO 🗆	6 pkt
	- other	YES 🗆	NO □	2 pkt
	ADDITIONAL			
5.	I am a person with a disability*, i.e., a person with a disability certificate as defined by the Act of August 27, 1997, on vocational and social rehabilitation and employment of persons with disabilities, or a certificate/document as described in the Act of August 19, 1994, on mental health protection.	YES 🗆	NO 🗆	15 pkt
	*A person with a disability must submit a disability certificate or other confirming document.			

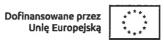






	TOTAL POINTS (To be completed by project staff):			
	Signature of project staff:			
	III. Needs Assessment Form for Po			
1.	Do you require translation into Polish Sign Language (PJM)	YES 🗆	NO 🗆	
2.	Do you require the use of an induction loop?	YES 🗆	NO 🗆	
3.	Do you require support from a personal assistant for persons with disabilities?	YES 🗆	NO 🗆	
4.	Do you require a guide for a person with visual impairments?	YES 🗆	NO 🗆	
5.	Do you require alternative formats of project materials (e.g., electronic versions of documents, large print versions, Braille, easy-to-read language, recordings with sign language translation on electronic media, etc.)?	YES 🗆	NO 🗆	
	If yes, please specify below:			
	Do you require extended support time (e.g., due to the need for slower sign language interpretation, slow speech, reading lip communication, or using easy-to-read language)?	YES 🗆	NO 🗆	
	If yes, please specify below:			
	IV. Specific Needs of C	andidates		
	Please specify your preferred method of contact with the Project Implementer?	□ E-mail □ Tradidion	al postal	
		☐ Phone cal	ı	



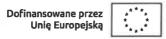




2.	Do you have any specific dietary requirements? If yes, please specify:	YES 🗆	NO 🗆	
3.	Other? If yes, please specify:			

\	. STATEMENTS ON THE PARTICIPANT'S STAT	US		
1.	I belong to a national or ethnic minority, am a migrant, or a person of foreign origin.	YES 🗆	NO 🗆	REFUSAL TO PROVIDE INFORMATION □
2.	I am in another disadvantaged social situation (other than those mentioned above).	YES 🗆	NO □	REFUSAL TO PROVIDE INFORMATION □







VI. Declaration of Compliance with the Target Group Conditions

- 1. I declare that the information provided in the application form is true and accurate.
- 2. I declare that I have been informed of the responsibility for providing false statements.
- 3. I confirm that I have read and understood the Regulations of the Project "Together We Can Do More" and accept its provisions.
- 4. I declare that I have been informed that the Project is co-financed by the European Union.
- 5. I declare that I meet the conditions of the Target Group as well as the preference criteria indicated by me in the recruitment form.
- 6. I declare that I have been informed about the requirement to provide data regarding my labor market status within 3 months of completing participation in the project.
- 7. I consent to participate in the monitoring and evaluation processes of the project, including filling out surveys, documents, and tests.
- 8. I consent to the processing of my personal data for recruitment purposes, in accordance with the Act of May 10, 2018, on Personal Data Protection (Dz. U. 2018, item 1000). My personal data will be processed exclusively for the implementation of the Project "Together We Can Do More." I acknowledge that the Data Controller of my personal data is the Social Cooperative "Independence, Work, Activity," located at ul. Kołobrzeska 11, 07-410 Ostrołęka; tel. 570100231, email address: ssspa@o2.pl represented by the President of the Board. Pursuant to Article 37(1)(a) of GDPR, the Data Controller has appointed a Data Protection Officer (DPO).
- 9. I express my willingness to participate in the project "Together We Can Do More" No. FEMA.08.04-IP.01-01KO/23.
- 10. I declare that I have been informed that completing the recruitment form does not guarantee acceptance into the project.

Place, date	Signature of Participant