



<b>Form number</b>	
<b>Date</b>	

<b>RECRUITMENT FORM FOR PARTICIPATION IN THE PROJECT</b> <b>“Together We Can Do More”</b> <b>Project No. FEMA.08.04-IP.01-01KO/23</b>		
<b>PERSONAL DATA</b> <i>(PLEASE COMPLETE USING BLOCK LETTERS)</i>		
<b>Name</b>		
<b>Surname</b>		
<b>Citizenship</b>		
<b>PESEL</b>		
<b>Gender</b>	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
<b>CONTACT DATA</b>		
<b>Address of residence (per Civil Code)</b>	<b>Voivodeship</b>	
	<b>County</b>	
	<b>Municipality</b>	
	<b>Postal Code, City</b>	
	<b>Street, building number/apartment number</b>	
<b>Contact phone number</b>		
<b>E-mail address</b>		



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## I. FORMAL CRITERIA (0/1)

1.	I am a resident of the city of Ostrołęka or Ostrów Mazowiecka:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2.	I am a person who, following the Russian Federation's aggression against Ukraine, has been granted temporary protection.  <i>*The individual is required to provide documentation of residency, e.g., visa/residency card/document confirming protection.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

## II. PREFERENCE CRITERIA

PUNKTY

## EMPLOYMENT STATUS

1.	I am professionally inactive, i.e., a person not part of the labor force (not working, unemployed, or seeking employment).  <i>*The individual must provide a certificate from ZUS/PUE ZUS confirming the lack of pension and disability contributions</i>  Including:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	9 pkt
	I am professionally inactive and studying.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	I am professionally inactive and not participating in education or training.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2.	I am unemployed, i.e., a person without work, willing to work, and actively seeking employment.  Including:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	10 pkt
	1) I am registered as unemployed at a labor office. <i>*The individual must provide a certificate from the labor office confirming unemployment status.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	



	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 <input type="checkbox"/>	NO <input type="checkbox"/>	
	3) I am unemployed but not registered in labor office records.  <i>*The individual must provide a certificate from ZUS/PUE ZUS regarding the lack of pension and disability contributions.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3.	I am employed, including:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	- I have professional experience of no more than 1 year.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	10 pkt
	- I have professional experience of more than 1 year but no more than 2 years.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	6 pkt
	- I have professional experience exceeding 2 years.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	4 pkt
<b>QUALIFICATION LEVEL</b>				
4.	I have the following education level:			
	- Primary (ISCED 1), completed primary school.,	YES <input type="checkbox"/>	NO <input type="checkbox"/>	10 pkt
	- Lower secondary (ISCED 2), completed lower secondary school.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	8 pkt
	- Upper secondary (ISCED 3), completed high school – general, technical, or vocational school,	YES <input type="checkbox"/>	NO <input type="checkbox"/>	6 pkt
	- other	YES <input type="checkbox"/>	NO <input type="checkbox"/>	2 pkt
<b>ADDITIONAL</b>				
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.  <i>*A person with a disability must submit a disability certificate or other confirming document.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	15 pkt



<b>TOTAL POINTS (To be completed by project staff):</b>			
<b>Signature of project staff:</b>			
<b>III. Needs Assessment Form for Persons with Disabilities</b> <b>(WYPEŁNIAJĄ OSOBY Z NIEPEŁNOSPRAWNOŚCIAMI)</b>			
<b>1.</b>	Do you require translation into Polish Sign Language (PJM)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>2.</b>	Do you require the use of an induction loop?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>3.</b>	Do you require support from a personal assistant for persons with disabilities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>4.</b>	Do you require a guide for a person with visual impairments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>5.</b>	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.)?  If yes, please specify below:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>6.</b>	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)?  If yes, please specify below:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>IV. Specific Needs of Candidates</b>			
<b>1.</b>	Please specify your preferred method of contact with the Project Implementer?	<input type="checkbox"/> E-mail <input type="checkbox"/> Traditional postal service <input type="checkbox"/> Phone call	



2.	Do you have any specific dietary requirements? If yes, please specify:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3.	Other? If yes, please specify:			

<b>V. STATEMENTS ON THE PARTICIPANT'S STATUS</b>				
1.	<b>I belong to a national or ethnic minority, am a migrant, or a person of foreign origin.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSAL TO PROVIDE INFORMATION <input type="checkbox"/>
2.	<b>I am in another disadvantaged social situation (other than those mentioned above).</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSAL TO PROVIDE INFORMATION <input type="checkbox"/>



## 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. Kołobrzaska 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.

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Place, date

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Signature of Participant