



Fundusze Europejskie
dla Dolnego Śląska

Dofinansowane przez
Unię Europejską



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The project entitled "**Academy of Integration!**" co-financed under the regional program: European Funds for Lower Silesia 2021-2027 in the field of projects related to active integration

*Appendix No. 1 to the Regulations of recruitment and participation in the project "**Academy of Integration!**"*

APPLICATION FORM FOR THE PROJECT

"Academy of Integration!" no. FEDS.07.06-IP.02-0040/24

as part of the regional program: European Funds for Lower Silesia 2021-2027 in the field of projects related to active integration.

Priority 7: European Funds for the labour market and social inclusion in Lower Silesia

Measure 7.6: Integration of migrants

The application form for the project can be filled in electronically in Polish, it should be printed out in full and legibly signed with the name and surname in the designated places. It is unacceptable to interfere with the content of the Application Form for the project, to remove records and logos. The condition for the form to be considered is to fill in all the required fields. Mark the appropriate boxes with an "X" in the case of fields to be selected (e.g. yes, no)

Date of receipt of the Application Form (to be completed by the project staff)	
Signature of the person accepting the Form	
CANDIDATE DATA	
Name(s):	
Surname:	
PESEL:	
Age (at the time of joining the	
Sex:	<input type="checkbox"/> woman <input type="checkbox"/> man
Education:	<input type="checkbox"/> ISCED 0 - None (no formal education) <input type="checkbox"/> ISCED 1 - Primary (education completed at primary level) <input type="checkbox"/> ISCED 2 - Lower secondary education (lower secondary education) <input type="checkbox"/> ISCED 3 - Upper secondary education (completed at the level of secondary education or basic vocational school) <input type="checkbox"/> ISCED 4 - Post-



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A document confirming the above should be attached.		
Person with disabilities <i>(within the meaning of the Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of Persons with Disabilities or other document certifying the state of health (in accordance with the Act of 19.08.1994 on the protection of mental health)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Refusal to provide information <i>(if so, a copy of the decision issued by the competent Polish adjudicating authority must be attached)</i>	
STATUS		
I am unemployed I am unemployed and ready to take up work and are actively looking for employment A certificate from the relevant PUP/certificate from ZUS should be attached		<input type="checkbox"/> YES <input type="checkbox"/> NO
Including: I am long-term unemployed I have been registered with the District Labour Office for more than 12 months in the last 2 years, excluding periods of internship and vocational training for adults A certificate from the relevant PUP should be attached		<input type="checkbox"/> YES <input type="checkbox"/> NO
I am an economically inactive person I am not currently creating a labour force (i.e. I am not employed or unemployed). Full-time students are considered economically inactive, m.in. A certificate from ZUS should be attached Including: <input type="checkbox"/> Not in education or training <input type="checkbox"/> Learner/trainee		<input type="checkbox"/> YES <input type="checkbox"/> NO
I am a working person A certificate from the employer/a certificate from the Social Insurance Institution/a copy of the contract should be attached		<input type="checkbox"/> YES <input type="checkbox"/> NO
INFORMATION ON SPECIAL NEEDS IN CONNECTION WITH THE IMPLEMENTATION OF SUPPORT		
Applies to people with disabilities		
Please select the service that the Candidate is required for the project:	1. Providing an interpreter of the Polish Sign Language/Language-Sign System	<input type="checkbox"/> YES <input type="checkbox"/> NO
	2. Induction loop	<input type="checkbox"/> YES <input type="checkbox"/> NO
	3. Enlarged text	<input type="checkbox"/> YES <input type="checkbox"/> NO



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	4. No architectural barriers	<input type="checkbox"/> YES <input type="checkbox"/> NO
	5. Support of an assistant: a blind person/ a deaf-blind person/ a person with a physical disability	<input type="checkbox"/> YES <input type="checkbox"/> NO
	6. Specific food needs	<input type="checkbox"/> YES <input type="checkbox"/> NO
	7. Other	<input type="checkbox"/> YES <input type="checkbox"/> NO

DECLARATION OF THE CANDIDATE FOR THE PROJECT

I declare that:

- I do not take part in any other project in the field of social and professional activation co-financed by the European Social Fund Plus;

- I USE/DO NOT USE* (*delete as appropriate) the support provided within the framework of integration centres for foreigners in coordination with the projects of the Asylum, Migration and Integration Fund concerning the building of structures for the integration of foreigners in Poland.

PLEASE DESCRIBE THE SUPPORT:

.....
.....

- I have been informed that the "Academy of Integration!" project is co-financed by the European Funds for Lower Silesia 2021-2027 in the field of projects related to active integration;

- I have read the Regulations of recruitment and participation in the "Academy of Integration!" project and accept all the terms and conditions of the Regulations;

- I undertake to participate in classes on a regular basis;

- I express my readiness to take up employment after the end of participation in the Project (applies to the unemployed and economically inactive);

- I agree to be further enforced;

- within 4 weeks after the end of participation in the project, I will provide the Beneficiary with data on my status on the labour market and information on participation in education or training and obtaining



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qualifications or acquiring competences. In the case of taking up employment, I will provide: an employment contract/civil law contract, a certificate from the employer, an extract from CEIDG/KRS, confirmation of payment of social security contributions;

- I am aware that filling in the Application Form for the project and agreeing to participate in the project does not guarantee participation in the project and that the decision to qualify for the project will be made taking into account the recruitment criteria;

- I am aware that the training may take place in a place other than my place of residence;

- I agree to participate in surveys, tests, exams checking the level of knowledge and other forms of monitoring carried out for the purposes of the Project;

- I am aware that all documents submitted by me to AKADEMIA BIZNESU I ROZWOJU Gabriela Olczyk become the property of the Beneficiary and I have no right to demand their return;

- I have been informed that I am obliged to immediately inform the Beneficiary about changes in personal and contact data, taking up employment, change of address of residence and other circumstances that may affect the possibility of participation in the project;

- I have been informed about the possibility of refusing to provide sensitive data;

- I declare that all the information provided by me above is true and complete. I acknowledge that this information may be subject to verification by authorized institutions (e.g. tax audit offices) on the basis of national registers (e.g. the Social Insurance Institution register, the District Employment Office register) in terms of its truthfulness;

- I have the right to access my data and correct it;

- the data contained in the Application Form are true;

- I have been informed that the Project is implemented from the European Funds for Lower Silesia 2021-2027;

- I have been informed that AKADEMIA BIZNESU I ROZWOJU Gabriela Olczyk is the administrator of the data entered by me in this form and attachments. The data in question will be processed by the AKADEMIA BIZNESU I ROZWOJU Gabriela Olczyk and SMART BUSINESS Ewa Ślaga only for purposes related to the implemented project, and in particular will be used to enter the SL2021, CST2021 system. This data will be made available only to entities authorized under the law. They have the right to access and correct this data;

- pursuant to Article 81(1) of the Act on Copyright and Related Rights of 4 February 1994. (Journal of Laws of 2006, No. 90, item 631, as amended), **I consent to the free recording of my image, in the form of analogue and digital photographs and analogue or digital film, recorded for the purposes of documenting activities or for the purpose of promoting the "Academy of Integration!" project. In addition, I agree to the free dissemination of my image by the above-mentioned entity via any**

AKADEMIA BIZNESU I ROZWOJU Gabriela Olczyk

Contact: akademiabiznesurozwoju.pl; phone: 884 420 578; e-mail: spawlicka.projekty@gmail.com



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medium solely for the purpose of promoting the "Academy of Integration!" project. The transfer of this authorisation to the Managing Authority does not require my prior consent to do so.

Submitting the form is tantamount to consent to the processing of my personal data for the purposes of the recruitment process (in accordance with the Act of 10 May 2018 on the protection of personal data (Journal of Laws of 2018, item 1000) and in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016. on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (GDPR).

.....

Date and legible signature of the Candidate



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ADDITIONAL DATA (BONUS CRITERIA – to be filled in by the Project Staff)		
Bonus points	Number of points to be scored	Number of points awarded
A person residing in Poland in connection with the aggression of the Russian Federation in Ukraine [confirmation document for Ukrainian citizens arriving in Poland after 24.02.2022 on temporary protection from the Office for Foreigners/other confirmation document crossing the border of the Republic of Poland in connection with the aggression of the Russian Federation in Ukraine]	<input type="checkbox"/> YES (+15 points)	
Woman	<input type="checkbox"/> YES (+5 points)	
Person with a disability	<input type="checkbox"/> YES (+5 points)	
I am unemployed (certificate from the District Labour Office — applies to persons registered in the District Labour Office or certificate from the Social Insurance Institution – applies to persons not registered in the District Labour Office and economically inactive)	<input type="checkbox"/> YES (+3 points)	
AMOUNT	/ 28

I declare that I have received a document confirming the education indicated in the recruitment form from the Candidate.

.....
Date and legible signature of the Project Staff



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ATTACHMENTS:

- certificate from the District Employment Office / Social Insurance Institution
dated:.....

-dock. confirming migrant status:.....

-dock. Confirming the status of third-country national (OPT):

-dock. confirming legal residence in Poland:.....

- a disability certificate issued by the competent Polish adjudicating authority.....
(document date).

I declare that I have verified the documents confirming the Participant's eligibility for the project and the legality of their stay in Poland

.....

Date and legible signature of the Project Staff