



**ESF+.03.345 – A Career of Service – A Lifelong Learning Experience within the Public Administration**

**Application Form  
International Events**  
(sponsorships co-funded by the European Social Fund Plus)

**1. Personal Details**

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Name \_\_\_\_\_

Surname \_\_\_\_\_

ID Card / Passport Number \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

**2. Employment Details**

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Grade (if any) \_\_\_\_\_

Position (if any) \_\_\_\_\_

Scale \_\_\_\_\_

Ministry \_\_\_\_\_

Department \_\_\_\_\_

Office Address \_\_\_\_\_

Contact Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_



### 3. Event Details

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**What event are you applying for sponsorship?**

Event Title	_____
Participation Fee	_____
Start Date	_____
End Date	_____
Location of Event	_____
Organising Institution	_____
Contact Person (CP)	_____
CP's Details	_____

### 4. Event Benefit

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**Explain the event's relevance to your current duties and how your Ministry/Department/Entity and the Public Administration will benefit from this event.**

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### 5. Justification

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**Justification of nomination from Permanent Secretary as per clauses 2.4, 3.1(b) and 5.2 of IPS Circular 02/2026**

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**6. Employees in the Public Sector (where applicable)**

Please confirm that you have been employed with

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(name of entity)

in accordance with Article 110 (6) of the Constitution of Malta that is:

Either:

1. from the Jobsplus register

Or

2. Following a public call approved by Jobsplus

Otherwise,

if you are a Public Officer and have detailed duties from the Public Service to the entity above,  
please provide proof of detailing (kindly attach document to the application)



**7. Nominee's Declaration**

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The signatories understand that their personal data will be used for the sole purpose for which they are intended, that is, (i) keeping record of the participants' endeavor to the ESF-funded intervention; (ii) evaluation and monitoring purposes in line with Regulation (EU) 1303/2013 and Annex I of Regulation (EU) 1304/2013.

The personal data will be used by the Institute for the Public Services, herewith referred to as the Beneficiary, and the Planning and Priorities Coordination Division (PPCD) within the Ministry for European Affairs and Equality (MEAE), herewith referred to as the Managing Authority. Data will only be disclosed to third parties for the specific and explicit purpose to monitor the participants' achievements and for evaluation purposes and will be used with the strictest confidence.

The data will not be used for any other means or for any other purpose that is incompatible with that for which the data is being collected.

Moreover, the Beneficiary and the Managing Authority will treat personal data in accordance with the provisions of the Data Protection Act 2001 and any amendments thereof.

I, the undersigned, hereby agree with the Terms and Conditions set above and certify that the information provided hereunder is correct.

I also declare that I will inform immediately the IPS if I am awarded any grant or sponsorship at any time for the same event I am applying for herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8. Declaration by Human Resources/Corporate Services Director**

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I confirm that the nominee has successfully completed the probationary period and has a confirmed appointment above scale 17 with the Public Administration.

\_\_\_\_\_  
Name & Stamp Signature

**9. Recommendation by CEO/Head of Entity/Head of Department**

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\_\_\_\_\_  
Name & Stamp Signature

**10. Approval of Nomination by Permanent Secretary**

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\_\_\_\_\_  
Name & Stamp Signature

## ESF+ Participant Data Collection Form

### A. LEGAL REQUIREMENTS IN RELATION TO DATA COLLECTION

The Managing Authority responsible for the management of EU Funds in Malta - the Planning and Priorities Coordination Division (PPCD) - is legally required to collect and store data about each participant benefitting from an ESF+ project. In this regard, Beneficiaries implementing ESF+ projects have been entrusted with the collection of personal data from all ESF+ participants.

The data to be collected through this form and through subsequent forms, surveys, or other means, will be used for the sole purpose for which it is intended, that is; (i) keeping a record of participants' efforts in the ESF+ funded intervention; and (ii) for evaluation and monitoring purposes.<sup>1</sup>

Personal participant data will be kept internally and will be used to extract statistical information on participants. Only statistical data will be reported to the European Commission. The Beneficiary, the Managing Authority and any third parties assigned to carry out monitoring and evaluation activities, will treat personal data in the strictest confidence and in accordance with the provisions of the General Data Protection Regulation (EU) 2016/679 or Regulation (EU) 2018/1725, the Data Protection Act (Chapter 586) and any subsequent updates. Personal participant data will not be used for any other means or for any other purpose that is incompatible with that for which the data is being collected. **Personal data will under no circumstances be made public.**

### B. DATA ON PARTICIPANTS

All sections must be filled in by all participants benefitting from EU-funded projects, or by participants' parents/guardians in the case of minors.

Kindly ensure that the information being provided is accurate, complete, and represents your current situation. Certain segments contain definitions provided by the European Commission, which may vary from those utilised in the local context.

#### 1. PERSONAL DETAILS

Name:	
Surname:	
ID No / Passport No:	

<sup>1</sup> In line with Regulation (EU) 2021/1060 (CPR) and 2021/1057 (ESF+ programme specific regulation). Article 4 of Regulation (EU) 2021/1060 (CPR) provides Member States with the legal basis to justify the collection and processing of personal data from participants of ESF+ projects



Date of Birth: (DD/MM/YYYY)	
Gender:	Tick one: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-Binary
Residence:	Tick as applicable:  Malta <input type="checkbox"/> Gozo <input type="checkbox"/>  Locality: _____
Home/Office Telephone Number:	
Mobile Number:	
Email Address:	

**2. FOREIGN NATIONALS AND MINORITIES**

Are you a Maltese citizen?

- Yes**
 **No**

If you answer **no** to the above question, are you a citizen of an EU country?

- Yes**
 **No**

Do you consider yourself to be part of a minority group (such as based on race, ethnicity, religion, or beliefs)?

- Yes**
 **No**

**3. EMPLOYMENT STATUS**

Please tick **one** of the following:

Tick one	Current employment status	Definitions
<input type="radio"/>	Unemployed, excluding long-term unemployed	<ul style="list-style-type: none"> <li>Persons registered as seeking employment with Jobs Plus.</li> </ul>



		<ul style="list-style-type: none"> <li>Persons without work, available for work and actively seeking work.</li> </ul>
<input type="radio"/>	Long-term unemployed	<ul style="list-style-type: none"> <li>Persons who have been unemployed for at least a year (12 months or more).</li> </ul>
<input type="radio"/>	Inactive	<ul style="list-style-type: none"> <li>Persons not in employment and not seeking work.</li> </ul>
<input type="radio"/>	Inactive: in education and training	<ul style="list-style-type: none"> <li>Full-time students are considered as inactive: in education and training <i>(including students on summer holidays who intend to continue their education)</i></li> </ul>
<input type="radio"/>	Employed, incl. self-employed	<ul style="list-style-type: none"> <li>Persons working on part-time, full-time basis, or on reduced hours.</li> <li>Persons with a business, farm, or professional private practice.</li> </ul>

#### 4. EDUCATION AND TRAINING

Please tick **one** of the following. This should indicate the highest educational level **successfully completed**.

<input type="radio"/>	No Educational Background (ISCED 0)	<input type="radio"/>	Primary (ISCED 1) or Lower Secondary (ISCED 2)
<input type="radio"/>	Upper Secondary (ISCED 3) or Post-Secondary Non-Tertiary (ISCED 4)	<input type="radio"/>	Tertiary (ISCED 5 to 8)

Besides your participation in this ESF project, are you currently in education or other training? Y/N\*

\*Tick yes if you are a student on summer holidays and will continue your education.

\*Tick no if you just concluded your formal education (even if still awaiting results).



**5. PERSONS WITH A DISABILITY (FILL IN ONLY IF APPLICABLE)**

Are you a person with a disability registered with CRPD, Jobsplus disability section, social security for disability benefits, or a holder of an EU/international disability card?  Yes  No

**6. OTHER DISADVANTAGES**

Are you homeless or affected by housing exclusion?

Yes

No



### SIGNATURE AND CONSENT

I, the undersigned, hereby confirm that the information provided in this form is correct.

I also provide my consent to be contacted by the Managing Authority, the Beneficiary or other third parties during and after my participation in the ESF + project, for the purpose of providing additional data and feedback, as may be required for reporting purposes, monitoring and evaluation. I understand that that further collection of data in relation to my participation in the ESF+ project may take place at any time, up until the year 2031.

To assess the efficacy and impact of the EU-funded projects being provided nationally and to improve future funding interventions in this area, the provision of personal data beyond what is gathered through this form will provide important information for research and evaluation purposes.

In this regard, the signature you are hereby providing will provide consent for the Ministry responsible for EU Funds or other third parties assigned by the same Ministry, to access statistical data concerning your employment-related data, and educational status and/or qualifications, within the following timeframes: between the year 2017 and up to the year 2031. Employment data would be provided through Jobsplus' registry whilst education-related data would be provided via the Ministry for Education.

AT NO POINT IN TIME WILL SUCH PERSONAL DATA BE MADE PUBLIC.

**PARTICIPANT'S SIGNATURE** \_\_\_\_\_

**Participants under 18 years old require a signature by a parent/guardian:**

NAME OF PARENT / GUARDIAN \_\_\_\_\_

I.D. NO. OF PARENT / GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_

