

**MINISTRY OF LABOUR, HUMAN RESOURCE DEVELOPMENT AND TRAINING
HUMAN RESOURCE DEVELOPMENT & TRAINING DIVISION
BACK TO WORK PROGRAMME**

**APPENDIX A
BRIEF ON COMPANY
BTW – PRIVATE SECTOR**

1. Company name:

2. Business address:

3. Contact person:

Status:

4. Phone Number:

Mobile:

5. Nature of business, activities, annual turnover

6. Labour force

No. of Local Employees:

No. of Foreign Employees:

7. Number of trainees placed so far:

8. Number of trainees left:

9. Number of trainees completed one year, not offered employment:

10. Number of trainees who obtained permanent employment in your organisation after one year placement:

11. Number of trainees still under placement:

For the Employer:

Name

Capacity in which acting

Signature

Date

APPENDIX B

Documents to be submitted by Employer:

List of woman under placement/training (Appendix C)

Address and Contact Details for each trainee

Copy of National Identity Card for each trainee

Letter of offer for each trainee

Companies

- Copy of Business Registration Certificate
- Copy of Certificate of Incorporation

NGOS & Sole Trader and SMEs

- Copy of Municipal Permit

Individual

- Copy of National Identity Card of Employer
- Copy of Proof of address

In case of training, the additional documents to be submitted

- Training Plan (Course name, start & end date of training; Training Cost; name of trainees)
- Copy of Course Approved by /MQA
- Copy of Institution Registration with/MQA
- Copy of Trainer's MQA Certificate

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APPENDIX C

COMPANY NAME:

CONTRACT NO:

EMAIL ADDRESS:

S. No	Surname	First Name	National Identity Card	Residential Address	Telephone Number	Highest Qualification	Job designation	Period of Unemployment	Period of first placement		Period of second Placement		Stipend to be paid monthly
									From	To	From	To	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

NAME: DESIGNATION: SIGNATURE: DATE:

Employers will receive a refund of the monthly stipend of Rs 10, 575 per woman placed at their company under the BTW programme for a maximum period of 24 months placement.

APPENDIX D

Course Details:

Course Name:

Venue of training:

Copy of MQA Approval for Course

Proposed Training Start Date:

Proposed Training End Date:

Proposed Placement Start Date:

Proposed Placement End Date:

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APPENDIX E

APPLICATION

FOR REFUND



HUMAN RESOURCE DEVELOPMENT COUNCIL

BACK TO WORK PROGRAMME

APPLICATION FOR REFUND OF STIPEND

FORM BTW 1

Name of Company :								
Business Registration Number:			Employer's NPF Registration No:					
Claim Number ----- (1st, 2nd etc)			Bank name		Branch		Account No.	
Claim for Refund for Period from To (indicate Date, month and year).								
SN	Name	First name	NID	No of days absent	Total Stipend paid to Trainee (Rs)	Signature of Trainee	Date	Office Use Amount to be refunded
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

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Please attach with the printed copy of this claim and forward to HRDC the following documents: (1) Attendance sheet, (2) payslip or certified copy of bank transfer to the account of trainee with name of trainee appearing against each bank account number.

Declaration by Employer

We declare that the facts stated in this application and the accompanying information are true and correct to the best of our knowledge and that we have not withheld/distorted any material fact. We understand that if we obtain the refund by false or misleading statements, the HRDC/MLHRDT may, at its discretion withdraw the application and recover immediately from us any amount of the refund that may have been disbursed and take any other action deemed necessary.

We further declare that we have not claimed any refund from other sources in respect of the above.

.....

Signature & Company Seal

Designation

Name

Date

For Official use only (HRDC)

Processed by :

Verified by

AT/SAT:.....

Date:.....

Date:.....

HRDC, 4th Floor, NG Tower, Ebene Cybercity. Tel No: 454 4009. Fax No: 454 6220/6260

[Website: www.hrdc.mu](http://www.hrdc.mu)

APPENDIX F

MONTHLY ATTENDANCE REPORT

Company name:..... Contract No:.....

Email:.....

Please fill in the following table/s as per required details.

Number of working days in the month:.....

Table 1: List of trainees with no absence/s for the month of.....

Year:.....

S/N	NAME OF TRAINEE/S
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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Table 2: List of trainees with absence/s for the month of

.....Year:.....

S/N	NAME OF TRAINEE/S	NO OF ABSENCE/S
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

We certify that the above-mentioned information is true/correct.

Name:.....

Signature:.....

Designation:.....

Date:.....

1. DECLARATION

- (i) We declare that the facts stated in this application and the accompanying information are true and correct to the best of our knowledge and that we have not withheld/distorted any material fact.
- (ii) We confirm that we have not applied for any form of financial support for the listed trainees for this particular programme from any other organization.
- (iii) We understand that if we obtain the refund by false or misleading statements the HRDC/MLHRDT may, at its discretion withdraw the application and recover immediately from us any amount of the refund that may have been disbursed and take any other action deemed necessary.

.....

Signature and Company seal

.....

Designation

.....

Name

.....

Date

Please note that all sections of the application must be completed and it is compulsory to submit the above documents to the HRDC, C/o The Finance Manager, 4th Floor, NG Tower, Cyber city, Ebene or else your application cannot be processed.

APPENDIX G

BACK TO WORK PROGRAMME

APPLICATION FOR REFUND OF TRAINING COSTS

FORM BTW 2

1. IDENTIFICATION

Name of Employer:.....

Address:.....

Tel:..... Fax:..... Email Add.....

Employer's NPF Registration Number

Business Registration Number.....

Contract Number.....

2. BANK DETAILS

Bank Name:-..... Account Name:.....

Account Number:.....

3. COURSE DETAILS AND VENUE

Name of Training Institution:

Course Title

Duration

MQA Approved Training Cost: Date Approved:.....

Course Date

Venue

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4. DETAILS OF TRAINEES

No	Surname	First Names	ID

(Please attach additional copies if necessary)

5. DECLARATION

We declare that the facts stated in this application and the accompanying information are true and correct to the best of our knowledge and that we have not withheld/distorted any material fact. We understand that if we obtain the refund by false or misleading statements, the HRDC may, at its discretion,

1. Withdraw the grant and recover immediately from us any amount of the refund that may have been disbursed and
2. Take any other action deemed necessary.

We further declare that we have not claimed any refund from any other sources in respect of the above.

..... <i>Signature and Company Seal</i> <i>Designation</i>
..... <i>Name</i> <i>Date</i>

6. DOCUMENTS TO BE SUBMITTED

1. Copy of MQA Course Approval	
2. Certificate of Attendance	
3. Invoice and Receipt of Course Fees	

Please note that all sections of the application must be completed and it is compulsory to submit all the above documents or else your application cannot be processed.

<u>For official Use only</u>	
Amount to be refunded by HRDC:	
Processed by :	Date
Verified by :	Date.....