

**APPENDIX A**

**BRIEF ON COMPANY  
BTW – PRIVATE SECTOR**

**1. Company name:**

**2. Business address:**

**3. Contact person:**

**Status:**

**4. Phone Number:**

**Mobile:**

**[Nature of business, activities, annual turnover]**

**5. Labour force**

**No. of Local Employees: .....**

**No. of Foreign Employees: .....**

**6. Number of trainees placed so far: .....**

**7. Number of trainees left: .....**

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

**9. Number of trainees who obtained permanent employment after one year placement: .....**

**10. 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

**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 Training		Period of Placement (one year duration)		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 5,000 per woman recruited under the BTW programme for a maximum of 12 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:

**APPENDIX E**

**APPLICATION FOR REFUND**



**HUMAN RESOURCE DEVELOPMENT COUNCIL  
BACK TO WORK PROGRAMME  
APPLICATION FOR REFUND OF STIPEND**

FORM BTW 1

<b>Name of Company :</b> .....								
<b>Business Registration Number:</b> .....			<b>Employer's NPF Registration No:</b> .....					
<b>Claim Number :</b> ----- ( 1st, 2nd etc)		<b>Bank name</b>	<b>Branch</b>	<b>Account No.</b>				
<b>Claim for Refund for Period from</b> ..... <b>To</b> ..... ( 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								

**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 may, at its discretion,

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 :** .....

**AT/SAT:**.....

**Date:**.....

**Date:**.....

**Verified by**

**HRDC, 4<sup>th</sup> 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	

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

.....**Year:**.....

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

**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 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.***

***Refund will be effected within 15 working days following submission of the appropriate claim.***

**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 .....

#### 4. DETAILS OF TRAINEES

<b>No</b>	<b>Surname</b>	<b>First Names</b>	<b>ID</b>

**(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.***

### **For official Use only**

Amount to be refunded by HRDC: .....

Processed by : .....Date .....

Verified by : .....Date.....