

APPENDIX A

List of Economic Sectors

- 1 ACCOMMODATION AND FOOD SERVICE ACTIVITIES (Hotels and Restaurants)
- 2 ADMINISTRATIVE AND SUPPORT SERVICE ACTIVITIES (including Security Services)
- 3 AGRICULTURE FORESTRY AND FISHING
- 4 ARTS, ENTERTAINMENT AND RECREATION
- 5 CONSTRUCTION
- 6 EDUCATION
- 7 FINANCIAL AND INSURANCE ACTIVITIES
- 8 HUMAN HEALTH AND SOCIAL WORK ACTIVITIES
- 9 INFORMATION AND COMMUNICATION (Including BPO)
- 10 MANUFACTURING
- 11 OTHER SERVICE ACTIVITIES
- 12 PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES
- 13 REAL ESTATE ACTIVITIES
- 14 TRANSPORTATION AND STORAGE
- 15 WHOLESALE AND RETAIL TRADE

APPENDIX B

Documents to be submitted by Employer

List of youths under placement/training (Appendix C)

Address and Contact Details for each Youth

Copy of National Identity Card for each Youth

Copy of birth certificate for each Youth under 18 years old

Copy of Highest qualification for each Youth

Training plan for each Youth

Letter of offer for placement

Brief on Company (Appendix H) *(Last Updated 12 May 2017)*

APPENDIX C
Particulars of Trainee and Stipend payable

COMPANY NAME:

CONTRACT NO:

EMAIL ADDRESS:

S. No	Surname	First Name	National Identity Card	Gender M/F	Residential Address	Telephone Number	Highest Qualification	Job designation	Period of Unemployment	Period of Training		Period of Placement (One-year duration)		Stipend to be paid (Rs)
										From	To	From	To	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

NAME:

DESIGNATION:

SIGNATURE:

DATE:

Employers will receive a refund of 50% on the recommended stipend paid to each youth recruited under YEP. The stipend range must be: Rs 6 000 – Rs 8 000 (or above) for non-graduates, Rs 10 000 – Rs 15 000 (or above) for graduates.

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 OF STIPEND

SWG Form 1

YEP Contract No															
Name of Company :															
Bank/Branch name:							Acc Name:				Acc No:				
Claim for Refund for Period from To (indicate Date, month and year)										Claim Number : (1st, 2nd etc)					
No	Surname	First name	NID	Gender	Highest Qualification	Address	Trainee mobile/Tel	Tr/PI Duration	Start date	End date	No of days absent	Monthly stipend(Rs)	Stipend paid for the month (Rs)	Full Signature of Trainee	Amt Claimed for refund from HRDC
1															
2															
3															
4															
5															

I _____ certify that the above information provided is correct to the level of my knowledge.

Company Name

Designation

Company Seal

Date

Signature

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:**.....

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 are 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

APPLICATION FOR REFUND OF TRAINING FEES

1. EMPLOYER IDENTIFICATION

Name of Employer:.....

Address:.....

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

Employer's NPF Registration Number

Business Registration Number

Contract Number.....

2. BANK DETAILS

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

Account Number:.....

3. TRAINING COURSE DETAILS

Name of Training Institution:

Course Title:

Course Date From: To:.....

MQA Approved Training Cost: Date Approved:

Name of Registered Trainer:.....

Course Venue:

4. DETAILS OF TRAINEES

No	Surname	First Name	NID	Contact Details (Mobile, phone, email)

(Please use additional sheets if necessary)

5. 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.

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

Documents to be submitted

1. Certificate of Attendance or Letter of attestation from Registered Training Institution	
2. Invoice of course fee from Training provider	
3. Receipt (or any other proof)of payment for course fee	

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 H

BRIEF ON COMPANY YEP – PRIVATE SECTOR

1. Company name:
2. Business address:
3. Name and Status of Contact person:
4. Phone number of contact person:
5. Short description of business (100 words max.):
6. Nature of business, activities, annual turnover

7. Present Local labour force

Sn	Post	No. of Employees
1		
2		
3		
4		
5		

8. Foreign labour force where available (Use additional space if necessary)

Sn	Post	No. of Employees
1		
2		
3		
4		
5		

9. Have you already recruited YEP trainees under placement?

If yes, proceed to section 9 (b)

If no, proceed to section 10

9(b)

- (i) State the number placed so far**
- (ii) Kindly fill in the retention survey form as per Appendix I**
- (ii) State the reasons for requiring additional trainees.**

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10. Training/Development plan of trainees.

Please list the competencies that the trainees will acquire during their placement and tick in the respective quarter column when these competences are expected to be achieved by the trainees. Please add more rows depending upon the number of competencies that the trainees will acquire.

Name of trainees:-

	List of competencies to be acquired by the trainee/s	1st Quart	2nd Quart	3rd Quart	4th Quart	Remarks
1.0						
2.0						
3.0						
4.0						
5.0						
6.0						

For the Employer:

Name

Capacity in which acting

Signature

Date