



JOBSPPLUS - EMPLOYER AGREEMENT FORM

_____ (name of entity) is willing to participate in the Job Brokerage Exposure (JBE) in conjunction with Jobsplus.

1. DUTIES AND RESPONSIBILITIES

The Company and Jobsplus bind themselves to follow the responsibilities outlined hereunder:

(a) The Organisation is to ensure that:

- (1) Work environment must be compliant with general Health and Safety regulations.
- (2) The migrant is placed in a setting where s/he will have someone as a reference point in case of difficulty.
- (3) The company supports the understanding and development of important attitudes and values such as punctuality; responsibility; accountability; respect for others, for authority and for rules; the importance of doing a good job; and that of presenting oneself in an appropriate manner.

(b) Jobsplus is to:

- (1) As and when necessary liaise with both migrants and employers to discuss placements
- (2) Offer support to migrants/ employers during the duration of the placement
- (3) Support by Jobsplus employees within the Job Brokerage Unit is in place to support migrants and employers at the workplace throughout the duration of the exposure
- (4) Carry out an evaluation once the placement has been carried out. This is done with both employers and migrants.

2. INSURANCE

The company ensures that the workplace has an insurance policy that covers the migrant (such as Third Liability Insurance or Employers' Insurance).





3. DECLARATION

Personal data is collected, held and processed by Jobsplus in accordance with the GDPR 2018. Personal and confidential data will not be disclosed to third parties unless such data is required in accordance with Jobsplus obligations within Act XXVIII of 1990; or it is required under any other applicable Law. The subject retains the right to access, change and delete, personal data as processed by Jobsplus. Data provided should be correct and any changes communicated to the Jobsplus immediately.

Date _____

Signature of Company's Representative

Signature of Job Brokerage Officer

Name in Block letters: _____

Name in Block letters: _____

I.D. Number of Employer: _____

Designation: _____

Office: Job Brokerage Office, Hal Far

Organisation's Stamp: _____

Contact Numbers: **22201681/2**

Contact Number: _____

Email: **brokerage.jobsplus@gov.mt**

P.E. No*: _____

NGO/ VO Number*: _____

V.A.T. Number*: _____

*one of these need to be filled in please

