**Mayor Task Force for Jobs**



**MTFJ Funding Agreement**

**GORE DISTRICT COUNCIL**

**1st July 2023 – 30th June 2024**

**Document Users:** Mayor, Closing the Gaps Coordinator, Closing the Gaps Employability Coordinator, Community Strategy Manager

**Employer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name** |  | | |
| **Contact Person** |  | | |
| **Contact Details** | Address:  Email:  Phone: | | |
| **Position** | Labourer | *Start date:* | |
| **Hours** |  | | |
| **Financial Support To Receive** |  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | **TOTAL** | |  |
| **Employment Contract Provided** |  | | |
| **Invoice Provided** |  | | |
| **GST Number** |  | | |
| **Bank Account Number** |  | | |

**Employee Supported Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Contact Email** |  |
| **Contact Phone** |  |
| **Date of Birth** |  |
| **Licence Status** | Learners Restricted Full |
| **Ethnicity** |  |
| **Gender** | Prefer not to say |

I confirm that the company will use the MTFJ funding for the details outlined above. The company will provide evidence (invoice / statement) for all expenditure with the exception of where a wage subsidy is received. The company will provide details as requested by Gore District Council including a copy of the Individual Employment Agreement issued for the candidate identified above.

If any changes occur in reference to the allocation of funds, the company will notify the Closing the Gaps Coordinator immediately.

I agree and understand that a Pastoral Care interview will be held within the first three months after the signing of this agreement. The Closing the Gaps Employability Coordinator will contact the employer prior to making an appointment with the employee.

You must inform us if the employee/employer terminates their employment.

The business is to provide an invoice to uplift the funding within 3 months of signing this agreement. Attached to the invoice, copies of itemised expenditure will be required as per this agreement. If this is not possible, please contact the Closing the Gaps Coordinator.

Invoices are paid on the 20th Month following the receipt of the invoice.

|  |  |
| --- | --- |
| **Additional Clauses** | Tools purchased are in Employees name. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** | Employer: | **Date** |  |

I understand that the business employing me has received financial support under the Closing the Gaps scheme to support my placement.

I understand that I can contact a Closing the Gaps representative should I need support.

I understand that a Closing the Gaps representative will contact me to arrange an appointment for a Pastoral Care interview within 3 months of the start of my employment.

within

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** | Employee: | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Closing the Gaps Coordinator** |  | **Date** |  |
| **Community Strategy Manager** |  | **Date** |  |