**Mayor Task Force For Jobs**

**MTFJ Resource – Agreement**

**GORE DISTRICT COUNCIL**

**June 2021**

**Document Users:** Mayor, Closing the Gaps Coordinator, Closing the Gaps Navigator, Community Strategy Manager
**Related Documents:** MTFJ Agreement

**Employer Information**

|  |  |
| --- | --- |
| **Company Name** |  |
| **Contact Person** |  |
| **Contact Details** | Address:Email: Phone: |
| **Position**  |  | *Commencement* |
| **Hours** | More than 30 hours |  |
| **Wage subsidy / Training / Equipment Required** |  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Employment Contract Provided** |  |  |
| **Invoice provided** |  |  |
| **GST Number** |  |
| **Bank account number** |  |

**Candidates Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Contact Details** |  |

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 wages. 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.

Funds will be deposited 20th Month following the receipt of invoice.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 a Closing the Gaps representative will contact me on an ongoing basis and that I contact them should I need support.

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

**Office use only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NEET** | Yes |  | No |  | Notes: |
| **Displaced by Covid** | Yes |  | No |  | Notes: |
| **Health & Disability** | Yes |  | No |  | Notes: |
| **Additional Approval Needed** | Yes  |  | No |  | Notes: |
| **Additional Notes** |  |

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