

A guide for developing individual local integration plans/contracts

[UNHCR Logo]

AGREEMENT OF PARTICIPATION IN THE ASYLUM-SEEKERS/REFUGEES ASSISTANCE PROGRAMME *(as appropriate)*

I understand that the Asylum Seekers/Refugees Assistance Programme *(as appropriate)* is temporary help while I look for a job. *(Agency)* can help me to get and keep a job so I can carry out my responsibilities. If I receive help from *(Agency)*, I commit to the following:

WORK RULES

1. My objective is to find and keep a job that is within my possibilities and capabilities. If I am able to work, I will look for and accept a job. If I cannot work – for reasons of language or lack of training in a trade – I commit to taking part in the activities and services which are offered to me and which will help me to be self-sufficient. I will not be eligible for assistance if I do not train or if I refuse or leave a job without good cause.
2. I understand that I must take part in all the activities that have been discussed and assigned in my Training and Job Plan (TJP). As an aid client, I must accept work, be it full- or part-time, temporary or permanent, and take part in the tasks assigned to me.
3. I will not be placed in a training position or job that I am unable to carry out. I must immediately inform my Case Adviser if I cannot carry out the activities assigned to me in my TJP for some reason (illness or other). If I have a medical condition which affects my capacity to do certain jobs, a medical examination or another type of assessment may be requested to determine whether special services are needed or whether I should be assigned another job.
4. I will meet my Case Adviser when called in on predetermined dates. I understand that I will be assigned preparatory activities within my capacities and responsibilities, as indicated in my TJP (attached).
5. If I cannot work because I am over 64 years old *(verify)*, or suffer from a disability, I will seek financial aid from *(Agency)* and I will undergo medical assessments that prove my disability.

RESPONSIBILITIES

1. I must keep all my appointments with my Case Adviser and complete all the activities that are assigned to me. I must explain if I cannot attend the appointments and carry out the assigned activities.

2. I understand that if I refuse to take part in the programme without good reason a sanction will be incurred suspending or ending the assistance offered to me.

3. I will give the information asked of me within ten (10) days of the request. I will advise of any change of address, telephone number, email address, job, income or family structure within 10 days of any change. I must also notify my Social Worker or Job Adviser of any problem in receiving my correspondence or email to minimize communication problems.

4. I understand that providing false information or concealing information about my identity or place of residence could lead to the suspension of assistance. I understand that I must reimburse benefits received if I have provided false information.

TIME LIMITS

I understand that payments (*if applicable*) will be available for a period no longer than months from the date of my registration with (*Agency*). However, if possible I will try to find a job and end my dependence on aid before the end of this period.

RIGHTS OF APPEAL

You may appeal against any decision taken by the Agency. If you think that a decision is wrong, speak to your Case Adviser to ask for an explanation. You can also ask for a Tribunal if you think the decision is wrong. To do so, you can send a written request with your name, address, telephone number, email address, and the reason for your appeal to: (*Agency and address*). If you request a Tribunal before the action you consider incorrect is taken, benefits will continue until a final decision is taken. In any case, in no circumstances will the financial aid exceed the period of eligibility: months.

CIVIL RIGHTS

You have the right to an interpreter at no cost to yourself. The civil rights law (*NB. check with lawyers*) stipulates that no person shall be excluded from his/her participation, denied benefits or be subject to any form of discrimination based on race, colour, national origin, religion, sex, political beliefs, disability or age. You have the right to ask for an interpreter if you do not speak Spanish.

If I feel that I am a person with a disability and need special assistance due to my disability during my participation in the Programme, I will speak with my Case Adviser about it.

Signature of the Participant: _____ Date: _____

Signature of the Representative of the Agency: _____ Date: _____