

SAMPLE

**Youth Employment and Training Programme (YETP)
Application Form for On-the-job Training Allowance**

Name of Company/Organisation: _____ Employer No.: E _____

Please note:

- (1) Employers can apply for the on-the-job training allowance either once every three months (except claims with on-the-job period less than three months) or after the trainee has completed the on-the-job training. However, all applications for on-the-job training allowance must be made within six months after completion of the on-the-job training period or after the trainee left service (whichever is earlier). Late application will not be processed.
- (2) When applying for the on-the-job training allowance, employers have to submit **both** the “Application Form for On-the-job Training Allowance” (this form) and “Salary and Training Record of Trainee” (Annex 7).
- (3) Please read the chapter “Financial Arrangements” in the Employers’ Manual before filling in the application forms.
- (4) **If the application forms are incomplete or the information provided is insufficient, the YETP (KLN Office) will not process the application.**

A. Distribution of Paid Service Months of Trainees in Application for On-the-job Training Allowance

To be Completed by Employer			For Official Use Only		
	Name and Registration No. of Trainee (e.g. 2024001234)	Months Concerned (e.g. Sep 2024 to Nov 2024)	Full-time		Part-time
			M	D	Amount of Allowance
1.	()	<div>↑</div> <div>Please fill in the month of “Monthly Wage Period” as indicated in Part C of Annex 7.</div>			
2.	()				
3.	()				
4.	()				
5.	()				
6.	()				
7.	()				
8.	()				
9.	()				
10.	()				
Total:					

- B. I declare on behalf of our company/organisation that our company/organisation has not/will not receive double subsidy from the Government or other organisations in respect of the on-the-job training allowance claimed under YETP.

Our company/organisation hereby apply for the on-the-job training allowance as indicated in Section A from the YETP (KLN Office), and enclose “Salary and Training Record of Trainee” for the trainee(s) listed in Section A, which is certified to be true and correct, for reference and approval. We understand that provision of any false information or failure to discharge any legal responsibilities under the Employment Ordinance, the Employees’ Compensation Ordinance, the Minimum Wage Ordinance, the Mandatory Provident Fund Schemes Ordinance, or other relevant laws and regulations during the on-the-job training period may lead to **criminal liability** and **no on-the-job training allowance will be granted**.

Signature of Company/Organisation Responsible Person: _____

Name: _____

Position: _____

Telephone No.: _____

Official Stamp: _____

Application Date: _____

Official Stamp must be same as the organisation/company name in Part A of Annex 7.

For Official Use Only:

Amount of On-the-job Training Allowance: _____

Recommended by: _____

Date: _____

Signature: _____

Post: _____

Relevant Date: _____

Batch no: _____

Employers must have paid full remuneration to trainees before submitting applications for on-the-job training allowance.

~ Please submit Original Copy Only ~

Please make your own copies, if necessary.