

# APPLICATION

## for unemployment benefits

### Instructions for filling out this form

**Conditions for unemployment benefits. You must:**

1. be able to prove that you are unemployed
2. be available to the labour market anywhere in the Faroe Islands
3. be older than 16 and younger than 67
4. reside in the Faroe Islands
5. be capable of work

When receiving unemployment benefits you must accept any type of job offered by ALS for which you are qualified anywhere in the Faroe Islands

You must be able to start working within one day of being offered a job.

If you refuse to accept a job offered by ALS, and it is not due to special circumstances, your unemployment benefits will be suspended for 4 weeks. If you are not available on the labour market, you will be expelled

from the system, and your unemployment benefits will be suspended..

If your health condition limits your ability to carry out certain types of work, this limitation must be documented with a medical certificate from a doctor.

**The following documentation is required for processing your application:**

**Wage earners and others:**

- Notice of discharge
- Notice of resignation

**Self-employed:**

Provide evidence that the business activity has been completely terminated

Please fill out this application carefully. If information is missing the Faroese Employment Office gives

you a 14 day period from the date the Faroese Employment Office has received the application, to supply the relevant documentation. However, if we do not receive the documents within 14 days, the application will be nullified.

ALS has the authority to get all necessary information regarding your circumstances including information from the tax authority

If you supply wrong or misleading information, the amount which has been wrongfully payed will be demanded returned. You also can be punished with a fine or a mitigated sentence

If you have any questions don't hesitate to contact us.

Please fill out this application with capital letters.

### 1. Name and address

|  |             |                   |  |
|--|-------------|-------------------|--|
| Birthday and social security number (p-tal)  |             | Phone number      |  |
| Name   |             | E-mail            |  |
| Street name and number   |             |                   |  |
| PO Box   | Postal Code | City/town/village |  |
| <b>Are you a Faroese citizen?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If not, what is your citizenship? |             |                   |  |

## 2. Reason for unemployment

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| Laid off <input type="checkbox"/>                | Resigned <input type="checkbox"/>   | Fixed-term job <input type="checkbox"/> | Other reason <input type="checkbox"/> |
| Provide details of why you are unemployed        |   |   |                                       |
| When did your affiliation with the employer end: | Are you entitled to notice pay? NO <input type="checkbox"/> YES <input type="checkbox"/> up to and including (date) _____ |   |                                       |

## 3. Work ability

|  |
|--|
| Can you, without health limitations, take on any type of full-time job for which you are qualified? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If not, please provide further details (must be documented with a medical certificate):  |

## 4. Job willingness

|  |
|--|
| Are you willing to accept any type of job offered by ALS for which you are qualified? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|--|

## 5. Childcare

|  |
|--|
| Do you have children, who need childcare? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes, do they have childcare? YES <input type="checkbox"/> NO <input type="checkbox"/>           |

## 6. Education

|   |
|---|
| Are you currently enrolled in any educational courses? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes, course title _____ At what time of the day do classes take place? _____                                 |

## 7. Self-employed business activity

|  |                          |
|--|--------------------------|
| Do you have any self-employed business activity? YES <input type="checkbox"/> NO <input type="checkbox"/>            | VAT number (V-tal) _____ |
| Have you had any self-employed business activity? YES <input type="checkbox"/> NO <input type="checkbox"/>           | VAT number (V-tal) _____ |
| Do you have voluntary unemployment insurance for employees? YES <input type="checkbox"/> NO <input type="checkbox"/> |                          |

## 8. Work activity abroad/education

|  |
|--|
| Have you worked abroad in the past 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/>                     |
| Have you been a member of a Nordic unemployment insurance system? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you been studying in the past 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/>                     |
| If yes, please elaborate   |

## 9. Have you applied for, or are you currently entitled to, any of the benefits, grants or pensions mentioned below?

|   |   |
|---|---|
| Parental leave benefits YES <input type="checkbox"/> NO <input type="checkbox"/>  | Student grant YES <input type="checkbox"/> NO <input type="checkbox"/>                      |
| Sick leave benefits YES <input type="checkbox"/> NO <input type="checkbox"/>      | Caregiver support at home YES <input type="checkbox"/> NO <input type="checkbox"/>          |
| Early retirement pension YES <input type="checkbox"/> NO <input type="checkbox"/> | Other benefits, grants or pensions YES <input type="checkbox"/> NO <input type="checkbox"/> |
| From which date?  | From which date? From whom?   |

### 10. Where should we deposit your unemployment benefits?

|                             |                      |
|-----------------------------|----------------------|
| Financial institution _____ | Account number _____ |
|-----------------------------|----------------------|

### 11. Where should we deposit your pension payments?

|  |  |
|--|--|
| Betri Pensjón <input type="checkbox"/>           | Føroya Arbeiðarafelag <input type="checkbox"/> |
| Havnar Handverkarafelag <input type="checkbox"/> | Havnar Arbeiðarafelag <input type="checkbox"/> |
| Lív <input type="checkbox"/>                     | Pension account <input type="checkbox"/>       |
|  | Financial institution:<br>Account number:      |

### 12. Trade union fees

|   |                            |
|---|----------------------------|
| Do you want ALS to transfer your trade union membership contribution directly from your unemployment benefits on your behalf? |                            |
| NO <input type="checkbox"/> YES <input type="checkbox"/>  | If yes, trade union: _____ |

### 13. Work history (please provide details of all jobs you have had)

| Employer: | Period (start - end)<br>month/year month/year | Job title and duties: |
|-----------|---|-----------------------|
|           | / - /   |                       |
|           | / - /   |                       |
|           | / - /   |                       |
|           | / - /   |                       |
|           | / - /   |                       |
|           | / - /   |                       |

### 14. Job search

|   |   |
|---|---|
| Please list the jobs (job titles) you are looking for | We remind you, that you must accept any type of job offered by ALS for which you are qualified. |
| •   |   |
| •   |   |
| •   |   |

### 15. Education

| Degree | Educational institution/ apprenticeship centre | End date<br>month/year |
|--------|--|------------------------|
|        |  | /                      |
|        |  | /                      |
|        |  | /                      |

### 16. Courses

| Course title | Course instructor | End date<br>month/year |
|--------------|-------------------|------------------------|
|              |                   | /                      |
|              |                   | /                      |
|              |                   | /                      |

### 17. IT skills

|   |  |
|---|--|
| <b>Do you have relevant IT skills that might improve your chances of getting a job?</b> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Describe your IT skills (list the software programs you master)                         |  |

### 18. Language skills

|   |                                  |  |                                  |  |                                  |  |                                  |
|---|----------------------------------|--|----------------------------------|--|----------------------------------|--|----------------------------------|
| <b>Is Faroese your native language?</b>             |                                  |  |                                  | YES <input type="checkbox"/> NO <input type="checkbox"/> |                                  |  |                                  |
| <b>If not, what is your proficiency in Faroese?</b> |                                  |  |                                  |  |                                  |  |                                  |
| <b>Understanding</b>                                | Good<br><input type="checkbox"/> | Intermediate<br><input type="checkbox"/> | None<br><input type="checkbox"/> | <b>Reading</b>   | Good<br><input type="checkbox"/> | Intermediate<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
| <b>Spoken</b>                                       | Good<br><input type="checkbox"/> | Intermediate<br><input type="checkbox"/> | None<br><input type="checkbox"/> | <b>Written</b>   | Good<br><input type="checkbox"/> | Intermediate<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
| What is your native language?                       |                                  |  |                                  |  |                                  |  |                                  |
| What other languages do you speak?                  |                                  |  |                                  |  |                                  |  |                                  |

### 19. Driver's licence

|  |                          |                              |                             |  |                          |
|--|--------------------------|------------------------------|-----------------------------|--|--------------------------|
| <b>Do you have a driver's licence?</b>       |                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <b>If yes, please list all driver's licences</b>             |                          |
| B – Passenger car                            | <input type="checkbox"/> |                              |                             | Crane operator course A (Tower cranes)                       | <input type="checkbox"/> |
| BE - Passenger car with large trailer        | <input type="checkbox"/> |                              |                             | Crane operator course B (Mobile cranes)                      | <input type="checkbox"/> |
| Bv – Commercial transport, max. 8 seats      | <input type="checkbox"/> |                              |                             | Crane operator course C (Other cranes)                       | <input type="checkbox"/> |
| C – Lorry/truck                              | <input type="checkbox"/> |                              |                             | Crane operator course D (Lorry-mounted crane 8 - 25 TM)      | <input type="checkbox"/> |
| CE - Lorry/truck with trailer                | <input type="checkbox"/> |                              |                             | Crane operator course E (Lorry-mounted crane above 25 TM)    | <input type="checkbox"/> |
| D – Bus                                      | <input type="checkbox"/> |                              |                             | Crane operator course G (Construction plant used as a crane) | <input type="checkbox"/> |
| DE – Bus with trailer                        | <input type="checkbox"/> |                              |                             | Fork truck licence   | <input type="checkbox"/> |
| Dv – Commercial transport, more than 8 seats | <input type="checkbox"/> |                              |                             |  |                          |

### 20. Comments

### 21. Authorisation and signature

I, the undersigned, hereby authorise the job centre/ALS to share information about me and my CV details, etc. with employers who contact the job centre for finding qualified staff

The information given on the application can be examined by the supervising authority according to § 27 in Løgtingslóg no. 113 of 13th June 1997 with later ammendments

I, the undersigned, commit to informing ALS of any changes regarding the information provided in this form and changes in any other circumstances that may be of relevance to ALS

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 Date

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 Signature