



## Verifications on the Training/Support Eligibility Check

*This template should be filled in by the Managing Authorities<sup>1</sup> when carrying out verifications on eligibility checks.*

### 1. GENERAL INFORMATION

Reference No.	
Member State	Malta
Programming Period	202X-202X
Fund	
Specific Objective	
<b>Project Number</b>	
<b>Title of the Project</b>	
Beneficiary	
Project Leader	
Officer/s carrying out this verification	
<b>Reference of procurement procedures included in this report (if applicable)</b>	

2. INSERT TRAINING/SUPPORT TITLE	Tick as appropriate		
	Section is <u>Not Applicable</u> to operation	<input type="checkbox"/> Section was/will be checked in another verification	<input type="checkbox"/>
<i>Insert Verification Reference if this section was already checked in previous Verification</i>			
	Yes	No	N/A
Call for participants (Advert, memo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility Criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selection Criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation report of applicants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> The Managing Authority reserves the right to add additional questions to this template or request additional information in relation to the verifications being made to ensure that the Beneficiary is in line with the Conditions of the Grant Agreement and addenda to it.

Letter to selected applicants ( <i>Can be replaced by publication of results</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter to non-selected applicants ( <i>Can be replaced by publication of results</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Sheets (for both teachers and trainees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the course material and any other documents in line with course requirements? (e.g. presentation, handouts, notes etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs showing that training took place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of certificates ( <i>where applicable</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all material in line with the communication and visibility requirements? (reference to the visual identity guidelines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			

3. SAMPLING METHODOLOGY	Tick as appropriate	
	Section is <u>Not Applicable</u> to check	<input type="checkbox"/>
	Section is Applicable to this check	<input type="checkbox"/>
Insert sampling methodology being used to check the indicators		

4. TRAINING/SUPPORT – CHECK ON OUTPUT INDICATORS	Tick as appropriate			
	Section is <u>Not Applicable</u> to operation	<input type="checkbox"/>	Section was/will be checked in another verification	<input type="checkbox"/>
Activity contributing to <i>[insert title of indicator eg Total Participants (EECO01)]</i>	<Insert title of training/support>			
<b>Eligibility</b>				
Eligibility criteria:		Eligibility verification:		
Checked up to this verification	Checked (duplicates) - A	Withdrawals / Ineligible (duplicates) - B	Total (duplicates) C= A-B	
MA/ESF+.0*. ***/** Reference to the previous Management Verification checks				
MA/ESF+.0*. ***/** Reference to the previous Management Verification checks				
<b>This Management Verification Check</b>	<b>Checked (duplicates)</b>	<b>Withdrawals / Ineligible (less)</b>	<b>Total</b>	
MA/ESF+.0*. ***/** Reference to this Management Verification checks				
<b>Grand Total</b>				
<b>Comments:</b>				

5. ARE THE DATA ON PARTICIPANTS CHECKED IN THIS VERIFICATION INPUTTED CORRECTLY IN MCIS?	SECTION APPLICABLE ONLY FOR ESF+			
	Tick as appropriate			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:				

6. TRAINING/SUPPORT – LIST OF PHYSICAL CHECKS RELATED TO THE INDICATORS CHECKED IN THIS RERPORT			Tick here if section is <u>Not Applicable</u> to this verification	<input type="checkbox"/>
Training/Support activity as per GA / Addenda /Official correspondence	MA Verification reference number	Date of Verification	Number of Participants	
Total number of participants				
Comments:				

7. OPERATION INDICATORS				SECTION APPLICABLE ONLY FOR HOME FUNDS, EMFAF & ECJ	
				Tick here if section is <u>Not Applicable</u> to this verification	<input checked="" type="checkbox"/>
If Section cannot be addressed at the time of this management verification, state why					
List Operation Indicators	Type [Output / Result]	Target	Actual <sup>2</sup>	As at date <sup>3</sup>	Type of evidence reviewed
	Output				
	Result				
Comments:					

<sup>2</sup> The figure inserted here should represent the cumulative total achieved for the mentioned indicator.

<sup>3</sup> This date should reflect the date by when this value was reported on the MCIS under 'applicable as at date' field.

8. ARE THE INDICATORS CHECKED IN THIS VERIFICATION INPUTTED CORRECTLY IN MCIS?	SECTION APPLICABLE ONLY FOR HOME FUNDS, EMFAF & ECJ			
	Tick as appropriate			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:				

9. CONCLUSION
9.1 List any <b>follow-up actions</b> required, the date by when these should be undertaken, as well as who is to check that action has been taken as instructed.
9.2 <b>Recommendations</b> and <b>remarks</b> on general improvement.
9.3 Is there any further information from <b>external alerts</b> which may need to be taken into consideration, or which may require further verifications?
9.4 <b>List of Annexes</b> (Any evidence / supporting documentation substantiating the verification)
<i>A copy of the checked data on participants excel sheet is to be attached to this Report.</i>

10. ENDORSEMENT OF VERIFICATION REPORT	
Officer/s Conducting Verification:	
Name in Block Letters	Signature
Designation	Date

Name in Block Letters	Signature
Designation	Date
<b>Conclusion endorsed by:</b>	
Name in Block Letters	Signature
Designation	Date
<b>Project Leader:</b>	
Name in Block Letters	Signature
Designation	Date