

The decision-making process adheres to [the decision by the Economic Development Sub-committee of the City Board, 3 February 2020, Section 4](#) and [the general guidelines on grants provided by the City](#) (in Finnish).

<b>1. The Helsinki benefit is requested for</b>				
The period of ____/____/2020–____/____/202____		Support form (please select one) <input type="checkbox"/> Helsinki benefit for employment (for costs related to supervision, orientation, workwear, equipment and facilities) <input type="checkbox"/> Helsinki benefit for salary (for salary costs) <input type="checkbox"/> Helsinki benefit for a pay-subsidised apprenticeship <input type="checkbox"/> Helsinki benefit for a commission		
The Helsinki benefit requested for the duration of the employment 1-12 months (in the case of an apprenticeship, for the duration of the entire apprenticeship).				
<b>2. Company/association</b>				
Name			Business ID	
Street address		Postal code	City or town	
Number of employees	Immediate supervisor of the person hired with the Helsinki benefit		Telephone	
Bank account (IBAN) <b>FI</b>		Industry		
Does the employer run commercial operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	De minimis grants received by the employer within the previous three years €	Is the employer undergoing cooperation procedures? <input type="checkbox"/> Yes (a free-form report must be attached to the application) <input type="checkbox"/> No		
<b>3. Contact person</b>				
Name		Telephone	E-mail	
<b>4. Person hired with the benefit</b>				
Name		Telephone	E-mail	
Address		Postal code	Municipality of residence	
Duration of unemployment	Personal identity code	I consent to the verification of my employment allowance information in Kela's online service <input type="checkbox"/> Yes		
<b>5. Employment</b>				
Job title		Working hours (hours/week)	Gross salary €/month	
We are interested in free <a href="#">training services</a> (please state the name of the course, if available)		Applicable collective agreement		
<b>6. Appendices</b>				
<input type="checkbox"/> Employment contract <input type="checkbox"/> TE Office decision on pay subsidy (if granted)		<input type="checkbox"/> Commission contract <input type="checkbox"/> Education contract of the apprenticeship office <input type="checkbox"/> Helsinki benefit voucher		
<b>7. Signatures</b>				
By signing, we affirm that the information we have provided is correct and we accept the recording of information required in the processing of the Helsinki benefit in the customer register of the Employment Services of the City of Helsinki's Economic Development Division. The personal data register statement can be found at <a href="http://www.hel.fi/helsinki/fi/kaupunki-ja-hallinto/hallinto/organisaatio/rekisteriselosteet">www.hel.fi/helsinki/fi/kaupunki-ja-hallinto/hallinto/organisaatio/rekisteriselosteet</a> (in Finnish).				
Signature and name in print from a person with the employer's power of signature		Signature and name in print from the person to be hired with the subsidy		
<b>Decision processing</b> (to be filled by the City)	<input type="checkbox"/> Granted for the following period ____/____/2020–____/____/202____	Helsinki benefit euros/month	In total	Draftsperson
No <input type="checkbox"/>	<input type="checkbox"/> Not granted; explanation			

The application will be sent  
**By post**  
 Economic Development  
 Helsinki benefit  
 PO Box 20  
 FI-00099 City of Helsinki

**Electronically**  
 Via the <https://securemail.hel.fi> connection to [helsinki@hel.fi](mailto:helsinki@hel.fi).