



Labour and Advanced Education

Employment Nova Scotia

Change In Circumstances

Identification Information

Last Name

SIN

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First Name

Middle Initial

Case Number

Before You Begin

The information you provide on this worksheet will be used to by your ENS Agreement Manager to assess the impact of any change in your circumstances to your individual funding agreement. Please complete all sections that apply.

☐ My legal name changed.

My new name is:

Last Name

First Name

Middle Initial

Note: Please attach a copy of your marriage/civil union/divorce certificate as proof of name change.

☐ My address changed.

My new civic address is:

Street address:

City

Province

Country

Postal/Zip code

My new mailing address:

Care of:

Street address:

City

Province

Country

Postal/Zip code

☐ My family size/income has changed.

Use the Family Size and Financial Statement form to report changes to:

- Family size (e.g. new/loss of spouse, new/loss of dependant, change in dependant status)
- Family income (e.g. increase/decrease in family income, increase/decrease in dependent care costs, increase/decrease in transportation costs)
- Training costs (e.g. increase/decrease in program costs)
- Part time employment for change in employment hours (employment hrs. cannot exceed 20 hrs. and must not interfere with course work during the school year)

Note: Attach the completed form and any documentation required to support the change.

☐ My Employment Insurance (EI) status has changed.

EI Status	Claim Type	BPC	Expected End Date	Eligibility End Date	Benefit Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* BCP = Benefit Period Commencement

☐ My school/course/program dates have changed.

New Start Date	New End Date
<input type="text"/>	<input type="text"/>

Note: Please attach a copy of the official communication from the school/employer concerning the school/course/program date changes.

☐ My status, in the program/school, has changed.

Effective I will be attending ☐ full-time ☐ part-time # hrs/week

Note: Please attach a copy of the official communication from the school/employer concerning the school/course/program date changes.



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☐ **My school/program has changed locations.**

The new civic address is:

Street address:

The new mailing address is:

Street address/PO Box:

City

Province

City

Province

Country

Postal/Zip code

Country

Postal/Zip code

Note: Please attach a copy of an official document displaying new civic/mailling address for the school/program.

☐ **My school/program is on strike.**

☐ **My school/program strike has ended.**

Strike Start Date

Strike End Date

☐ **My attendance in school/program has changed.**

Effective Date

Return Date

Please explain:

Note: You may be required to provide formal documentation to support this reported absence.

Attestation

I declare that

- a) The information I have provided to Employment Nova Scotia on this form is true, accurate and complete in every respect;
- b) If the information described above is false or misleading, I may be required to repay some or all of the financial assistance that may be approved by Employment Nova Scotia; and,
- c) I have been informed that information on this form is collected under the authority of the Employment Insurance Act, and the Nova Scotia Freedom of Information & Protection of Privacy Act and is to be used for the administration of the employment benefit or support measure to which I am currently involved in. Under the privacy provisions of the *Nova Scotia Freedom of Information and Protection of Privacy Act* individuals have the right to protection of, and access to, their personal information. To obtain access to, or request correction of, your personal information collected and used by NS Labour and Advanced Education please contact the department's Information Access and Privacy Manager by email LAEaccess@gov.ns.ca or phone (902) 424-8472.
- d) I understand that Personal information provided may be shared with Revenue Canada in keeping with the data-sharing provisions of the Labour Market Development Agreement/Labour Market Agreement.

Name (Please Print)

Signature

Date (dd/mm/yyyy)