NOVA SCOTIA
NOUVELLE-ÉCOSSE

Labour and Advanced Education
Travail et Éducation postsecondaire

PROTECTED WHEN COMPLETED- B

Referral to Training Activity under Section 25 of the *Employment Insurance (EI) Act*- Seasonally or Temporarily Unemployed Workers

The purpose of this form is to document:

- Your request to be referred to the training activity described in Part B below for purposes of section 25 of the EI Act, and
- Your agreement to be referred to the training activity

OFFICIAL USE			YY/MM/DD
EI TYPE	FINANCIAL CONTROL	OPTION CODE	INPUT IN LMDA ACCESS

PART A- PARTICIPANT INFORMATION:

SURNAME	**GIVEN NAMES AND INITIALS**	**S.I.N.**

ORDINARY RESIDENCE- ADDRESS		**TEMPORARY RESIDENCE -ADDRESS**	
CITY	**PROVINCE**	**CITY**	**PROVINCE**
POSTAL CODE	**TELEPHONE**	**POSTAL CODE**	**TELEPHONE**

PART B- DESCRIPTION OF TRAINING ACTIVITY:

NAME OF TRAINING INSTITUTION	**COURSE NAME**	**INSTITUTION CODE**

START DATE OF TRAINING	**END DATE OF TRAINING**	**START DATE OF SECTION 25 REFERRAL**	**END DATE OF SECTION 25 REFERRAL**
YYYY-MM-DD	**YYYY-MM-DD**	**YYYY-MM-DD**	**YYYY-MM-DD**

PART C- AMENDMENTS

	EFFECTIVE DATE	**REASON FOR AMENDMENT**
AMENDMENTS ONLY	**YYYY MM DD**	

PART D- EI CLAIM INFORMATION

GROSS WEEKLY EI BENEFIT RATE	**EI BENEFIT PERIOD END DATE**
	YYYY MM DD

PART E: CERTIFICATION AND AGREEMENT:

1. I certify that I have read and understand the information on page 2 of this form explaining the conditions of my entitlement to receive EI benefits while I am participating in the training activity described above in Part B if I am referred to the activity by Employment Nova Scotia, and
2. I agree to be referred by Employment Nova Scotia to the training activity.

PARTICIPANT'S SIGNATURE	**DATE**
_____	**YYYY MM DD**

For the purposes of section 25 of the EI Act the participant is hereby referred to the training activity described above.

SIGNATURE FOR EMPLOYMENT NOVA SCOTIA	**DATE**
_____	**YYYY MM DD**

General Information and Conditions for Section 25 Referral to Training Activity- Seasonally or Temporarily Unemployed Workers

Section 25 Referral

Under section 25 of the *Employment Insurance (EI) Act*, a claimant is unemployed, capable of and available for work and, therefore, eligible to receive EI benefits when the claimant is:

a. Attending a course or program of instruction or training at the claimant's expense or under an employment benefit, to which Employment Nova Scotia, or an authority designated by Employment Nova Scotia, has referred the claimant; or
b. Participating in any other employment activity for which assistance has been provided for the claimant under prescribed employment benefits to which Employment Nova Scotia, or any authority designated by Employment Nova Scotia, has referred the claimant.

Under the provisions of section 25, you will maintain your eligibility to receive EI benefits while you carry out the training activity but only to the end of your entitled EI benefit period. If your entitlement to EI benefits is not expired at the end of your training activity (described in Part B on the previous page), you may continue to receive such EI benefits under the same conditions that prevailed before you were referred under section 25.

Conditions

Your referral to a course or program of instruction or training under section 25 of the EI Act is subject to the terms and conditions set out below. You must:

1. Carry out the training activity described in Part B on the previous page. If you agree to participate, but do not, your entitlement to EI benefits may be terminated and you may be required to repay some, or all, of the benefits you have received. Employment Nova Scotia may impose penalties on you under the EI Act if you:

    a. Make a representation, a declaration or provided information that you knew was false or misleading, or
    b. Fail, without good cause, to attend, carry out or complete the course, program or training activity, or
    c. Are expelled from the course, program or training activity.

2. Pursue the training diligently and make your best efforts to complete it successfully;
3. Notify Employment Nova Scotia in writing if the course is cancelled, if you complete the course early or if you intend to withdraw from the course and provide reasons for the withdrawal;
4. Notify Employment Nova Scotia in writing of any change to the course start day or finish date;
5. Authorize the training institution giving the course to (i) provide Employment Nova Scotia with your attendance records and progress reports, (ii) notify Employment Nova Scotia in the event you are expelled from the course or if you withdraw from it, and (iii) provide Employment Nova Scotia with a copy of the written authorization which you gave to the training institution.

Under the EI Act, you become disqualified from receiving EI benefits if Employment Nova Scotia, with your agreement, referred you to a course, program of instruction or training, and the referral has been terminated because:

a. Without good cause, you have not attended or participated in the course, program of instruction or training, or
b. Without good cause, you have withdrawn from the course, program of instruction or training, or
c. The organization providing the course, program of instruction or training has expelled you from it.

This section 25 referral shall terminate:

a. At the end of the Section 25 referral period, or
b. If the course is cancelled, on the date of the cancellation is effective, or
c. If you withdraw from the course, on the date you withdraw, or
d. If you are expelled from the course, on the date you are expelled, or
e. If you complete the course early, on the date you complete the course.

Employment Nova Scotia may also terminate this section 25 referral upon written notice if:

a. You fail to comply with a condition referred to above: or
b. Any information you provided to Employment Nova Scotia in support of your request for referral is materially false or misleading.

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Participant Questionnaire
Feepayer Support Program
For Seasonally or Temporarily Unemployed Workers

Last Name	**First Name**	**Social Insurance #**

Current Occupation And Employer		
Recall to Work Date	_____ dd/mm/yyyy actual recall date	_____ **month** (if actual date unknown)
Details of Training Program	**Course**	**Training Provider**
Course Duration	Start date _____ dd/mm/yyyy	End Date _____ dd/mm/yyyy
Are there breaks in Training? Yes__No_	Break #1 Start _____ Break #1 End _____	Break #2 Start _____ Break #2 End _____
Reason for Training		

1. I have been out of school for two years. Yes_☐_ No_☐_
2. To the best of my knowledge this course will be completed during my lay-off period. **Yes**_☐_ **No**_☐_
3. I am prepared to leave this course, if my employer recalls me to work before the course ends. **Yes**_☐_ **No**_☐_
4. I understand my Employment Insurance Benefits may stop if I do not return to work. **Yes**_☐_
5. I understand that the only financial support I will receive is my EI Benefits and if my EI claim ends, there will be no other support unless I have sufficient hours for a new claim and have served the waiting period for the new claim. **Yes**_☐_

I declare that I am currently unemployed due to a seasonal or temporary lay off and I expect to return to my regular employment upon recall.

Signature Date