

COOPERATIVE EDUCATION INCENTIVE (CO-OP)

STUDENT INFORMATION FORM

Employer: Email completed form to your Agreement Manager within 10 days from the student's start date. All fields are mandatory. Incomplete forms will result in a delay of processing.

STUDENT COMPLETES

Name (please print):		Job Title:
Organization Name:		Agreement #:
Position Start and End Date:	Phone Number:	Email Address:
Home Address: (Street Number / PO Box / City / Town / Province)		Postal Code:
Social Insurance Number:	Date of Birth: ____/____/____ dd mm yr	Sex: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
Name of Educational Institution you are attending:		Program of Study:
Student Number:	Start date at this Institution: ____/____/____ dd mm yr	Date of Graduation: ____/____/____ dd mm yr
I identify as (select all that apply): <input type="checkbox"/> Mi'kmaq or Indigenous <input type="checkbox"/> Female in under-represented occupation <input type="checkbox"/> Visible minority <input type="checkbox"/> None <input type="checkbox"/> African Nova Scotian <input type="checkbox"/> International Student <input type="checkbox"/> Person with disability		
STUDENT AUTHORIZATION A survey link will be emailed to you for the purpose of evaluating the Cooperative Education Incentive. **This is mandatory for the organization to receive reimbursement. ** I authorize the Province of Nova Scotia, as represented by the Student Employment Programs, to contact me for matters related to administration, monitoring, and evaluation of my work term.		
Signature _____		Date: _____
<input type="checkbox"/> Confirmation of your participation in a Cooperative Education Program must accompany this form, i.e., a copy of your unofficial transcript or a letter from your Co-op Coordinator.		



Student Employment Programs
Cooperative Education Incentive
(Toll Free) 1-800-424-5418
(Local) 902-424-6000

COOPERATIVE EDUCATION INCENTIVE (CO-OP) *COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION*

Graduate to Opportunity, the Student Summer Skills Incentive and other Nova Scotia government labour market programs are bound by the principles and requirements of the Nova Scotia Freedom of Information and Protection of Privacy (FOIPOP) Act.

The personal information that we collect will only be used for providing you with services: for registration to our programs or determining your eligibility for services, for instance, and for evaluating our programs, in keeping with the access and privacy provisions of the Nova Scotia FOIPOP Act and the Nova Scotia Personal Information International Disclosure Protection (PIIDA) Act.

We will only disclose your personal information to other organizations or individuals if it is required to fulfill the purpose(s) of the program (e.g. to coordinate with federal funding partners). Only required information, or information authorized by law will be disclosed.

Some functions within these programs or services are provided by organizations, such as an employer, that are external to the department of Labour and Advanced Education. All external organizations that provide you with a job using our programs, or with services on behalf of government, must comply with our privacy requirements and meet the applicable security, privacy and terms of use provisions.

Under the privacy provisions of the FOIPOP Act you have the right to correction of, and access to, your personal information. To obtain access or request a correction, please contact the Information Access and Privacy Services unit by email at IAPServices@novascotia.ca or phone (902) 424-2985 or 1-844-424-2985.

I acknowledge that I have read and understand the above information regarding the collection, use, and disclosure of my personal information.

Student Name

Student Signature

Agreement #