

# STUDENT SUMMER SKILLS INCENTIVE (SKILL)

## STUDENT INFORMATION FORM

Email completed form to your Agreement Manager within 10 days of the student's start date.

All fields are mandatory and 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"/>
<b>Before this summer I was</b> <input type="checkbox"/> Attending high school <input type="checkbox"/> Unemployed and not studying <input type="checkbox"/> Attending a post-secondary institution <input type="checkbox"/> Other _____ <input type="checkbox"/> Working and not studying		
Name of the university or college you will attend this fall:		
Program of Study:	Start date at this Institution: ____ / ____ / ____ dd mm yr	Date of Graduation: ____ / ____ / ____ dd mm yr
<b>I identify as (select all that apply):</b> <input type="checkbox"/> Mi'kmaq or Indigenous <input type="checkbox"/> African Nova Scotian <input type="checkbox"/> Female in under-represented occupation <input type="checkbox"/> Person with disability <input type="checkbox"/> Immigrant <input type="checkbox"/> None of the above <input type="checkbox"/> Visible minority		
<b>ALL STUDENTS:</b> Please sign the following declaration: I hereby declare that I am enrolled in or have been accepted into post-secondary studies full-time for the next academic year and that I have been a resident of Nova Scotia for at least six months. <b>CO-OP STUDENT:</b> Attach a copy of your unofficial transcript confirming enrollment in a Co-op Program.		
Student Signature		Date:
<b>EMPLOYER WITNESS:</b> I hereby declare that I am confident that the statement made above is true, and agree to produce documents to support my employee's statement if requested.		
Employer Signature		Date:
You will be emailed a survey link at the end of the work term. PLEASE complete without delay.		



Youth Employment Programs  
Student Summer Skills Incentive  
(Toll Free) 1-800-424-5418  
(Local) 902-424-6000

## **STUDENT SUMMER SKILLS INCENTIVE (SKILL)**

### *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 do not disclose your personal information to other organizations or individuals except as required to fulfill the purpose(s) of the program or service and only to the extent required or authorized by law. Information collected may include: the information you have provided on the reverse of this form; confirmation of your academic status, if required; proof of wages paid to you during this placement, and your Service Canada Record of Employment.

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](mailto: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:

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Student Name

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Student Signature

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Agreement #