

## 2009 Co-operative Employment Program—Summer

### STUDENT CONFIRMATION FORM

PROJECT FILE#: 2009 \_\_\_\_\_

[Please print or type]

**Must be completed by the student, co-op coordinator and employer within five days of first day worked.**

**STUDENT**— please complete this section, sign it, and then give it to your co-op coordinator. Thank you.

<b>Last Name</b>	<b>First Name</b>	<b>Initial</b>
<b>Mailing Address</b>	<b>Street Number / PO Box</b>	<b>City/Town</b>
<b>Home Telephone #</b>	<b>E-mail Address</b>	
(     )		
<b>Social Insurance Number</b>	<b>Date of Birth</b>	<b>Sex</b>
	dd:                  mm:                  yy:	M <input type="checkbox"/> F <input type="checkbox"/>
<b>Name of Educational Institution you will be attending this Fall</b>		<b>Field of study / Program of study</b>
<b>Student Number</b>	<b>Start date at this institution</b>	<b>Date you expect to graduate</b>
	dd:                  mm:                  yy:	dd:                  mm:                  yy:

I **confirm** that the above information is correct and **give permission** for a copy of my **Record of Employment** to be sent to the Co-operative Employment Program, for the wage reimbursement claim.

<b>Signature of Student</b>	<b>Date</b>
	dd:                  mm:                  yy:

**CO-OP INSTITUTION— COORDINATOR** - please complete this section and return it to the Employer.

This is the student's:     1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup> work term for program credit. (check applicable year)

I **confirm** that all the above information is correct.

<b>Signature of Co-op Coordinator</b>	<b>Date</b>
	dd:                  mm:                  yy:

**EMPLOYER**—please complete this section, sign it, and **send** it to the Co-operative Employment Program **within five working days of student start date**.

**Name of hiring organization**

**Division/Department (if applicable)**

<b>Student's Position Title</b>	<b>Hourly Wage</b>	<b>Hours per Week</b>
<b>First Day Worked</b>	<b>Anticipated Last Day of Work</b>	
dd:                  mm:                  yy:	dd:                  mm:                  yy:	

I **confirm** that all of the above information is correct.

<b>Signature of contact person</b>	<b>Date</b>
	dd:                  mm:                  yy:

**How to contact us —**

<p><b>By Mail:</b> Co-operative Employment Program NS Economic and Rural Dev P.O. Box 2311 Halifax, NS B3J 3C8</p>	<p><b>By Courier:</b> Co-operative Employment Program NS Economic and Rural Dev 1660 Hollis Street, Suite 600 Halifax, NS B3J 1V7</p>	<p><b>By phone or E-mail:</b> Toll-free: 1-800-424-5418 Local: (902) 424-6000 Fax: (902) 424-0508 E-mail: sepinfo@gov.ns.ca</p>
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**Website:** [www.gov.ns.ca/econ/sep](http://www.gov.ns.ca/econ/sep)