

2009 Research and Development Co-operative Employment Program - Fall

STUDENT CONFIRMATION FORM

PROJECT FILE#: 2009 _____

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.

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

Signature of Student				Date			
				dd: mm: yy:			

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

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

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

Signature of Co-op Coordinator				Date			
				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)

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

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

Signature of contact person				Date			
				dd: mm: yy:			

How to contact us —

<p>By Mail: R&D Co-operative Employment Program Economic and Rural Development PO Box 2311 Halifax, NS B3J 3C8</p>	<p>By Courier: R&D Co-operative Employment Program Economic and Rural Development 1660 Hollis Street, Suite 600 Halifax, NS B3J 1V7</p>	<p>By phone or E-mail: 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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