

**2009 Student Career Skills Development Program (SCSDP)
Program Guidelines**

A wage reimbursement program helping students gain a career-related work experience.

Applications must be post-marked by: January 30, 2009

Who can apply?

Not-for-profit organizations as defined by the program, regulated charities or others defined in section D, under Eligibility criteria.

Universities/Colleges, School Boards/Schools, Medical Clinics and Special Care facilities are classified as Government Funded Organizations under our program and are not eligible to apply.

Who can you hire?

Category of Student	Proof of Eligibility Required
Attending a post secondary institution and returning to the same institution in the fall	Copy of marks
Attending one post secondary institution and transferring to another in the fall	Copy of marks & acceptance letter
Grade 12 graduate and attending post secondary institution in the fall	Copy of marks or certificate & acceptance letter

Who can you not hire?

Students returning to high school.

Students cannot be related to the following:

Immediate and extended family members of the organization's contact or alternate, chairperson of the organization's board, organization's staff, spouse/partners/common-law, ward, guardian, niece/nephew, and/or in-law of the above persons.

When does the job start? The organization determines when the student will start work.

To qualify for reimbursement, students must be employed:

Between April 20 and September 4, 2009. Up to 14 weeks can be reimbursed.

Not less than 8 consecutive weeks of employment between the above dates.

Not less than 28 hours per week. A maximum of 35 hours per week will be reimbursed.

How much do you pay?:

Employer pays: Not less than \$10.00 per hour
 + 4% vacation pay
 + Employment Insurance
 + CPP
 + Worker's Compensation coverage

How much do we reimburse?: \$8.00 per hour

What an organization must agree to:

- Advertise, interview and hire for positions.
- The position must provide a career-related work experience.
- The position cannot displace any existing staff.
- The position cannot be funded by any other employment assistance program.

2009 SCSDP Application Instructions:

Instructions match the lettered and numbered boxes on the application.

A. Organization

1. Use the official registered name from your by-laws, memorandum of association, or other official document.
2. Provide the organizations's complete mailing.
3. Provide a number for the organization that is answered between the hours of 8:30a.m.- 4:30p.m., Monday to Friday.
4. Provide a fax number that is used by the contact/alternate of the organization on a daily basis.
5. Explain the mandate of your organization and its current impact/benefit to your community.

B. Contact

6. The contact is the person authorized to make decisions on all administrative matters, including filling out payroll documents. This person must sign the application.
7. The contact must be available: **from Monday to Friday, 8:30 a.m. - 4:30 p.m.** and have voice-mail.
8. Provide a fax number only if different from the main organization number (box 4 on application).
9. An email address that is checked on a regular basis by the contact is required.

C. Division/Department (if applicable)

10. If your organization has separate divisions or departments, indicate the division/department applying for the position.
11. Provide address specific to the division or department if different than main address in section A.
12. Provide division/department's phone number that is answered between the hours of **8:30 a.m. - 4:30 p.m from Monday to Friday.**
13. Provide division/department's fax number that is used by the contact/alternate on a daily basis.

D. Eligibility Criteria

An organization **must** be registered under **one** of the following:

14. **Society Act Number:**
Hold an **active** registration number issued by the Nova Scotia Registry of Joint Stock Companies
OR
15. **Canada Revenue Agency Charitable number:**
You may be asked to provide your organization's most recent: CCRA T3010
OR
16. **Other:**
To have your organization's eligibility considered, include a copy of legal documentation in your application package that clearly confirms that, upon closure of your operation, assets will be distributed to approved charities.

E. Position Information

17. A position title is required, here are some examples:

Accountant	Clerk, retail	Interpreter	Supervisor
Administrative	Coach	Instructor	Web page developer
Administrator	Computer operator	Intern	
Aide	Coordinator	Lifeguard	
Analyst	Designer	Manager	
Animator	Director	Musician	
Assistant	Facilitator	Researcher	
Bookkeeper	Guide	Stage crew member	

If the position title your organization uses is different than the examples, please use it.

18. The organization's preferred start date.

19. The organization's preferred end date.

20. Hours the student is expected to work. **To qualify for reimbursement, the student must work a minimum of 28 hours.** A maximum of 35 hours per week will be reimbursed.

21. The organization must pay at least \$10.00/hour or more, plus 4% vacation pay.

22. Your organization may apply for more than one position with the same position title and responsibilities. **If the work location is different, a separate application is required.**

23. Specify the work site of the student if it differs from the organization's street address.

24. Specify the county where the work site will be located.

25. Indicate the most important certificates and experience required by the student for this position.

26. From the list provided on the enclosed application, choose the most important functions/skills that best describe what the employee will be doing each week in this position. Choose and circle **no less than four** and **no more than ten** in the list. Beside the function you have selected, indicate the percentage of time each skill/function will require on a weekly basis.

27. To better explain the details of the position, the organization can attach a separate description to the application. The description should include the organization's name, title, and indicate the overall responsibilities and duties the student is expected to handle in this position.

28. Before signing the application, please review all sections to ensure that you have provided all of the necessary information needed to process your application.

If information is missing or incomplete, your application will not be evaluated.

Questions?

Contact Staff: Monday - Friday 8:30am-4:30pm

Toll Free: 1-800-424-5418

Halifax Area: 424-6000; Fax: (902) 424-0508

Email: sepinfo@gov.ns.ca

E. Position Information

(Separate sheet must be completed for each different position title and/or location)

17. Position Title:						
18. Start Date	19. End Date	20. Hours per Week	21. Hourly Wage <i>(vacation pay not included)</i>			22. Number of employees requested for this position: <input style="width:40px; height:20px;" type="text"/>
			Pay Frequency			
			Weekly	BiWeekly	Monthly	
23. Work Location (State only one town, community)			24. County (State only one: e.g. Digby, Victoria, Halifax)			
25. Required Qualifications –License, Certificate, Previous Experience, or Skill (Write in this space) 						
26. Position Functions /Skills: From the list below choose a minimum of 4 and a maximum of 10 position functions/skills that best describe how the employee will spend his/her time. Beside the function selected indicate the percentage of time each function/skill will require. (one day = 20% of a 5 day week). <u>Only functions/skills from the list below will be accepted.</u>						
<u>Function/skill</u>	<u>% of avg wk</u>	<u>Function/skill</u>	<u>% of avg wk</u>	<u>Function/skill</u>	<u>% of avg wk</u>	
Accounting	_____	Fundraising	_____	Research	_____	
Advising	_____	GIS Use	_____	Restoration, Artifact	_____	
Analysing	_____	Horticultural	_____	Silviculture	_____	
Auditing	_____	Inspecting	_____	Statistical Analysis	_____	
Bookkeeping/Payroll	_____	Interpreting	_____	Summarizing	_____	
Budgeting	_____	IT Design/Development	_____	Supervising	_____	
Cartography	_____	Lab Work	_____	Survey/Testing	_____	
Child Care	_____	Marketing/Sales/Public Relations	_____	Taping/Filming	_____	
Coordinating	_____	Office Assistant	_____	Therapy, Occupational	_____	
Counselling	_____	Oral Presentation	_____	Therapy, Physical	_____	
Curriculum Development	_____	Organizing	_____	Therapy, Speech/Language	_____	
Customer Service	_____	Performing (acting/music)	_____	Translation	_____	
Data Collection	_____	Program Administration	_____	Tutoring	_____	
Database Software Use	_____	Program Development	_____	Work with Elderly	_____	
Designing	_____	Program Management	_____	Work with Mentally Challenged	_____	
Drafting	_____	Recreation	_____	Work with Physically Challenged	_____	
Evaluating	_____	Recycling/Conservation	_____	Work with Youth/Child	_____	
Equipment Maintenance	_____	Report Writing	_____			
27. Position description: Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No						
28. I have verified all information provided. It is correct and complete. I acknowledge that if all sections are not complete and applicable attachments are not included at time of submission, this application will not be evaluated.						
Signature of Contact				Date Signed		

***Save a copy for your files ***

Please return this application with an original signature and necessary attachments to:

Student Career Skills Development Program
Nova Scotia Economic Development
P.O. Box 2311
Halifax, NS B3J 3C8

Courier Address:
1660 Hollis Street
Suite 600
Halifax, NS B3J 1V7

Phone: 1-800-424-5418 (Toll Free)
Within Halifax Metro: (902) 424-6000; Email: sepinfo@gov.ns.ca