



PART 1 - This section must be completed by a senior person involved with the organization.
Original signatures required – please mail this form to the address below.

1. Project Number: _____

2. Organization Name: _____

3. Name of person leaving / adding: _____
(Circle One)

4. New Contact Person (person who will share all responsibilities of the program)

Name: (please print) _____

5. Signature and Position Title of Senior Person: _____
(This person must be senior to the New Contact Person and cannot be the person leaving)

PART 2 – This section must be completed by the **New Contact Person**.

I have read and accept all responsibilities of the program and agree to comply with the Terms and Conditions.

Signature: _____

Daytime Phone Number: _____

Email Address: _____

Date Signed: _____

6. Please return the original form to:

Student Employment Programs
Economic and Rural Development and Tourism
PO Box 2311
Halifax, NS B3J 3C8

Questions? Call 1-800-424-5418 or (902) 424-6000

Email – sepinfo@gov.ns.ca