



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: _____

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

Name: (please print) _____

6 Signature of Senior Person: _____

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

7 New Contact Person

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

Signature new Contact Person: _____

Daytime Phone Number and Email Address:

Date signed: _____

8 Return the original form to:

Student Employment Programs
Economic and Rural Development
1660 Hollis Street, Suite 600
Halifax, NS B3J 1V7

Questions? Call 1-800-424-5418