

# STUDENT SUMMER SKILLS INCENTIVE (SKILL)

## STUDENT INFORMATION FORM

This form is to be completed by the student-employee.

Your summer job is subsidized by the Province of Nova Scotia's Student Summer Skills Incentive. The information requested below allows us to confirm that you are eligible for the program.

We also require your personal contact information to complete program evaluation. A survey will be sent to you at the end of the work term. **You must complete this survey for your employer to receive payment.**

Details about how the program will protect your privacy are on the other side of this form. Sign both sides to provide your consent.

Name (please print):		Job Title:	
Organization Name:		Agreement #:	Position Wage:
Position Start and End Date:	Personal Phone Number:	Personal Email Address:	
Home Address: (Street Number / PO Box / City / Town / Province)			Postal Code:
Social Insurance Number:	Date of Birth: ____/____/____ dd mm yr	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	
<b>Before this summer I was</b> <input type="checkbox"/> Attending high school <input type="checkbox"/> Attending a post-secondary institution <input type="checkbox"/> Other _____ <input type="checkbox"/> Unemployed and not studying <input type="checkbox"/> Working and not studying			
Name of the university or college you will attend this fall:			
Program of Study:	Start date at this Institution: ____/____/____ dd mm yr	Anticipated Date of Graduation: ____/____/____ dd mm yr	
<b>The SKILL program provides a higher subsidy to employers who hire students who self-identify as a member of an equity-deserving group. Do you identify as any of the following:</b> <input type="checkbox"/> Mi'kmaq or Indigenous <input type="checkbox"/> Female in under-represented occupation <input type="checkbox"/> Visible minority <input type="checkbox"/> 2SLGBTQIA+ <input type="checkbox"/> African Nova Scotian <input type="checkbox"/> Person with disability <input type="checkbox"/> International Student <input type="checkbox"/> None			
<input type="checkbox"/> I confirm that I have lived in Nova Scotia for at least six months. <input type="checkbox"/> I am an international student and plan on remaining in Nova Scotia until _____			
<b>STUDENT SIGNATURE</b> I hereby certify that, to the best of my knowledge, the provided information is true and accurate.			
Signature		Date	
<input type="checkbox"/> Review and sign the other side of the form.			
<b>EMPLOYER WITNESS</b> I hereby declare that I am confident that the statement made above is true, and agree to produce documents to support my employee's statement if requested.			
Signature		Date	



Youth Employment Programs  
Student Summer Skills Incentive  
(Toll Free) 1-800-424-5418  
(Local) 902-424-6000

## **SKILL - WORK INTEGRATED LEARNING STREAM (SKILL-WIL)** *COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION*

Graduate to Opportunity, the Student Summer Skills Incentive, the Cooperative Education Incentive and other Nova Scotia government labour market programs are bound by the principles and requirements of the Nova Scotia Freedom of Information and Protection of Privacy (FOIPOP) Act.

The personal information that we collect will only be used for providing you with services: for registration to our programs or determining your eligibility for services, for instance, and for evaluating our programs, in keeping with the access and privacy provisions of the Nova Scotia FOIPOP Act and the Nova Scotia Personal Information International Disclosure Protection (PIIDA) Act.

We will only disclose your personal information to other organizations or individuals if it is required to fulfill the purpose(s) of the program (e.g. to coordinate with federal funding partners). Only required information, or information authorized by law will be disclosed.

Some functions within these programs or services are provided by organizations, such as an employer, that are external to the department of Labour, Skills and Immigration. All external organizations that provide you with a job using our programs, or with services on behalf of government, must comply with our privacy requirements and meet the applicable security, privacy and terms of use provisions.

Under the privacy provisions of the FOIPOP Act you have the right to correction of, and access to, your personal information. To obtain access or request a correction, please contact the Information Access and Privacy Services unit by email at [IAPServices@novascotia.ca](mailto:IAPServices@novascotia.ca) or phone (902) 424-2985 or 1-844-424-2985.

I acknowledge that I have read and understand the above information and consent to the collection, use, and disclosure of my personal information.

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Student Name

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Student Signature

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Agreement #