## **Energy Training Program**

May 1-August 25, 2017

## **Employer Application Form**

Application	Part A Organization Profile  This form must be completed in full. Applications can be mailed, emailed or hand delivered. Faxes are not					
Deadline:	accepted.  Name of Business			Division/Department (If Applicable)		
February 24, 2017	Mailing Address					
Send Applications to:	City		Province	P P	Postal Code	
Energy Training Program for Students NS Department of Energy	Business Telephone			Business Fax		
Joseph Howe Building 1690 Hollis Street PO Box 2664 Halifax, NS B3J 3P7			ontact Person	Co	Contact's Title	
Or email to:	Contact's Phone Number Contact's Email Address					
Noor.Subeh@novascotia.ca	Organization's Core Activities (Key words only)  How many people are employed at this business?					
Direct questions about the program to:	Organization	's Activities	Related to t	he NS Energy Sector (Key	y words only)	
Noor Subeh Strategic Marketing Officer	Which type of student do you prefer? (Circle preference)					
NS Department of Energy Tel: (902) 424-0781 Fax: (902) 424-3264	Post-Secondary Student			Recent Graduate	No preference	
Office Use Only  Approved:	Student's Field of Study			Student's Educational Institution(s)		
☐ Yes ☐ No  Energy Training Program  Coordinator	How did you hear about the Energy Training Program?					
Signature	Registration # Companies Act or other: Canada Revenue Agency #:					
Date	I hereby certify that all stater	nents are co	mpleted and co	orrect to the best of my kno	wledge and if the project is	

approved, I will comply with all Program Guidelines. Signature of Contact Person (provided above):



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Part B

Project Description/Relation to the Energy Sector

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Student Position Title						
Employers are expected to provide employees with experience that is professional, respectful and consistent with this descript	ion.					
Please give a detailed, one page description of the student's position and what it will entail in relation to the ensector.	ergy					
I hereby certify that all statements are completed and correct to the best of my knowledge and if the project is approved, I will comply with all Program Guidelines.						
Signature of Contact Person: Date:						

