

Energy Training Program

May 2-August 26, 2016

Student Information Form

Time sensitive document –
File with
Department of
Energy by:

**April 15,
2016**

Send completed
form to:

Energy Training
Program for Students
NS Department of Energy
Joseph Howe Building 1690
Hollis Street PO Box 2664
Halifax, NS B3J 3P7

Or email to:

Noor.Subeh@novascotia.ca

Graduates only:

Must submit a copy of
diploma or certificate with
this form.

Organization & Position Information

Name of Business		
Job Title	Hourly Wage	Hours Per Week (Max. 40)
First Day of Work (Month/Day/Year)	Anticipated Last Day of Work (Month/Day/Year)	
Business Telephone	Business Fax	

Student Information

Suffix	Last Name	First Name	Middle Initial(s)
Mailing Address (Street, Apt#, City, Province)			
Home Phone #	SIN #	Postal Code	

Academic Information

Academic Institution	Course of Study	
Student Number	Current Year of Study	Work Term (Specify: 1 st , 2 nd ...)

To be completed by education institution approved by co-op coordinator:

Please indicate if the above-noted student is on a work term for credit: Yes ___ No ___

Co-op Coordinator Signature:

Date:

I certify that the above information is complete and correct to the best of my knowledge, and I GIVE PERMISSION to my employer to send a copy of my Record of Employment to the Nova Scotia Department of Energy upon my termination.

Student Signature: _____ Date: _____