

38B John Street, Yarmouth, NS B5A 3H2 Phone: 902-742-6167 Fax: 902-742-8391



## Team Seafood Nova Scotia Participant Eligibility Form

Applications will be accepted from April 1 to June 30 (some exceptions may apply).

## **APPLICANT INFORMATION**

First Name:	Last Name:	Middle Initial(s):
Mailing Address:		
City/Town:	Province:	Postal Code:
Cell Number:	Email Address:	
Position:		
lam 16 years of age or over ☐ Yes ☐ No		
I reside in Nova Scotia and are eligible to work in Canada	☐ Yes ☐ No	
EMPLOYER INFORMATION		
Business Name:	Contact Person:	
Location:		
Telephone Number:	Email Address:	
Please select one of the following options:	☐ Processor ☐ Aquaculture	☐ Harvester
<u> </u>		
Position:		
EDUCATION		
I am currently or recently (past 15 months) enrolled in a high program AND are planning to attend a high school or pos	· · · · · · · · · · · · · · · · · · ·	
Name of high school or accredited post-secondary educa	tional institution	
I will be attending customized programing offered by the	Nova Scotia Community College (N	NSCC) School of
Fisheries in the field of Aquaculture, Seafood Processing of		
If yes, what is the name of the program		
*Attach Confirmation of upcoming fall and/or win	ter Enrollment to Application*	
Student ID #		
☐ Grade 10 Student (entering Grade 11)		
☐ Grade 11 Student (entering Grade 12)		
$\ \square$ Grade 12 student (entering post-secondary institution	n)	
Post-Secondary Student (returning to school) – Year o	f Study: $\square$ 1st year $\square$ 2nd year $\square$	☐ 3rd year ☐ 4th year ☐ other

**NOTE:** If a participant's eligibility application is approved, applicants will receive confirmation in writing (e-mail or letter) that they may participate in the Team Seafood program.

STUDENT DECLARATION			
By submitting this application form, I acknowled	ge and agree with the following:		
I certify that I have read the Participant Guidelir as set out in the Participant Guidelines and the a	nes and, if my application is approved, I agree to abide by pplication form	the terms and conditions	
I declare to the best of my knowledge and abili	ty that the information provided on this application form	is accurate	
I consent that the information I have provided in time during this agreement	n this application can be subject to a proof of audit and ve	erification request at any	
I consent to the release of my name and the am	ount of any support received under the Program as publi	c information	
I agree that I may be contacted as a follow up to	o determine my feedback on the program		
l agree to repay any amount determined throug Scotia Fisheries Sector Council contributions to	gh audit or inspection that is deemed to have been provic which I am entitled	ded in excess of the Nova	
	vided, unless disclosed in the manner and for the purpose ntiality and disclosure provisions of the Freedom of Inform		
I confirm that I have the authority to bind the app	plicant		
Signature			
Applicant Name (print)	Signature	 Date	
If applicant is under 19:			
Parent of Applicant Name (print)	Parent of Applicant Signature	Date	
BUSINESS DECLARATION I declare that I employ the applicant listed above Signature	ve at my business location		
Business Contact Name (print)	Business Contact Signature	Date	
Return completed form and confirmation of enrollment to:  Nova Scotia Fisheries Sector Council	Official Use Only EMPLOYMENT INFORMATION (to be completed by NSFSC staff) Application Approved:		
Brandy MacDonald 38B John Street, Yarmouth, NS B5A 3H2	☐ Yes ☐ No, please explain:	Date:	
Phone: 902-742-6167 Fax: 902-742-8391 Email: brandy@nsfsc.ca Website: www.fishjobs.ca	Approval Letter Issued:  Yes  No, did not qualify – date:  Work Start Date:  Work End Date:		
Employer Amount \$	Qualify for Bursary? ☐ Yes ☐ No. Total Hours Worked During Employment Term: —		
NSFSC Amount \$			
□ Full Amount	Bursary Amount Issued \$ Cheque Issued to Employer:		
□ Pro Rated	Status at the end of work term: ☐ Completed/Lai ☐ Quit ☐ Other:	d-off Returned to School	

