

**STUDENT ELIGIBILITY (SECPAP)**  
**PLEASE RETURN TO CESC ON THE FIRST DAY OF WORK**  
**COMPLETE ALL SECTIONS OF THIS FORM**

**START DATE:** \_\_\_\_\_

**RETURN TO:** CO-OPERATIVE EDUCATION SERVICES CENTRE  
MEMORIAL UNIVERSITY OF NEWFOUNDLAND  
Phone: 709-864-2419  
Fax: 709-864-8960  
Email: cesc@mun.ca

Company Name: \_\_\_\_\_

STUDENT NAME:		
Permanent Address:		
Student ID:	SIN:	
Student email address:		
Student Phone:	Date of Birth:	Gender:
Student Status: Single ( ) Single Parent ( ) Married ( )		
Funding received: Student Loan ( ) EI ( ) Advanced Education Skills ( ) Other:		

I, \_\_\_\_\_, of \_\_\_\_\_, am academically eligible and registered for the \_\_\_\_\_ work term.  
(student name) (Permanent City/Community)

I understand that I must refund monies received from the Small Enterprise Co-operative Placement Assistance Program in the event that I am not eligible for the work term.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Access to Information and Protection of Privacy**

*This information is collected to administer payroll and for program administration. It is required for payment purposes and becomes part of your personnel record. It is also included in a summary report to the program's funding provider – Advanced Education & Skills, Government of Newfoundland and Labrador. I give permission to officers of AES to exchange and release my personal information for assessing my eligibility for services; coordinating and providing follow-up services for me, and for program evaluation and research to improve the quality of programs and services offered.*

**\* Parent, If you have any question about the collection or use of this information, please contact (709) 864-2419.**