



CENTRE FOR SOCIAL ENTERPRISE

Work Experience in Social Enterprise Application Form

Primary Partner Contact Information		
Organization Name:		
Street Address:		
City/Town:	Province:	Postal Code:
Contact Name/Title:	Phone:	Email:
Financial administrator name:	Phone:	Email:
Number of Staff Currently Employed:	Type of organization: New Existing If yes, year established	
Details about the Student & Wage Subsidy Request		
What type of student are you looking for (<i>grad/undergrad</i>)?	Position Type [<i>part-time/full-time(co-op)</i>]:	
Hourly rate:	Hours Requested per Week:	
Number of weeks:	Total amount of subsidy requested:	
Student Details		
Position Title:		
Start Date:	Completion Date:	



CENTRE FOR SOCIAL ENTERPRISE

Work Experience in Social Enterprise Application Form

Is the student being funded through other sources? Yes / No

Does an immediate family of the student own/operate the community organization? Yes / No

Position Details

Roles and responsibilities:

Please outline the supervision and mentoring that will be put in place for the student:



CENTRE FOR SOCIAL ENTERPRISE

Work Experience in Social Enterprise Application Form

SIGNATURES:

I certify that the information contained in this application is correct, and may be verified. **All mandatory employer contributions and deductions are understood to be the legal responsibility of the employer. This includes remittances for Vacation pay, Employment Insurance, Workers Compensation, Canada Pension, and Federal and Provincial Income taxes.**

Community Partner Signature: _____

Date: _____

I agree that the attached work description represents a valuable/rewarding work placement, and recommend that the application for wage subsidy be approved providing the student hired is academically eligible for the work term.

Memorial Admin Signature: _____

Date: _____

Please email this application to socialenterprise@mun.ca