College of the North Atlantic

Student Application Survey for CEWIL iHUB Stipend Program

Thank you for participating in College of the North Atlantic's *One at a Time: Reducing Barriers to Work-Integrated Learning* Stipend Program, made possible by CEWIL Canada's iHUB program. As part of this program, we ask that all participating students complete this survey which has been designed to capture important information about the demographics about the students we have been able to provide stipends to.

☐ I have previously been awarded a stipend (monetary bursary) from the *One at a Time: Reducing Barriers to Work Integrated Learning during* ***Spring/Summer Semester of 2026*** .If you checked this box, you are not eligible to receive further funding.

☐ I confirm that I am eligible based on the following eligibility requirements:

- Enrolled in a WIL course that is a requirement to graduate
- Canadian student or newcomer to Canada (International Students do not qualify)
- Willing to complete an application form
- Has an eligible employer/community partner willing to complete the Partner Survey

☐ I confirm that my employer / community partner is eligible based on the following eligibility requirements:

- Canadian community or industry partner – if the partnership is with an international community or industry partner, the partner must have a Canadian office; otherwise, the partnership does not qualify.
- Municipal, provincial, and federal government entities can NOT be considered partners. This includes post-secondary institutions.
- Organizations for which you are paying for a service (i.e., software or training) are typically not considered as eligible partners in a WIL experience.

If your employer partner is not eligible based on the above criteria, please contact wil@cna.nl.ca to see if an alternative WIL opportunity is applicable for you.

☐ We also ask that you give consent for the College to contact your employer/community partner to discuss your involvement in the project as we need to collect information from them as well. Please check the box indicating you give consent.

The Access to Information and Protection of Privacy Act (ATIPP Act 2015) restricts the release of personal information without the informed consent of the person to whom it relates. Students who wish to have specific personal information released to any third party must complete and sign this form. This information collected in this survey will be shared with CEWIL Canada and will be used to drive further program initiatives.

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Section 1 – Personal Information

Legal First Name:

Legal Last Name:

We acknowledge the many reasons students may go by a name that is different from their "legal" name, and respect the potential safety and cultural implications of names used in correspondence. What name would you like us to use when corresponding with you via mail, email, voice message, and/or asking for you on the phone? (If different across platforms, please list desired name for each.) Indicate below

By Mail: Name you use if different from Legal Name:

By E-mail: Name you use if different from Legal Name:

Voice Message: Name you use if different from Legal Name:

By Phone: Name you use if different from Legal Name:

Year of Birth: Student #:

Email Address:

Gender Identity: Please Select One

Language first learned at home in childhood and still understands:

Full Mailing Address: Town:

Postal Code:

Home Community (If different from current mailing address):

Program of Study: Year of Study:

Enrollment Status:

Are you currently receiving any additional funding source or tuition relief to support your paying for your education? Note: Selecting yes will NOT impact your eligibility for this program, this information will be used to ensure smooth processing of your stipend. Please Select

If yes, please state the type of funding and provider:

Section 2 – Work-Integrated Learning Information

If you are a student who is applying to the program after having participated in the Health Sciences Entrepreneurship Event, please select this box and proceed to section 3. Note – applicants that have selected this box must have also completed and submitted the reflection activity. ☐

What is the WIL Course Number:

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What is the name of the WIL Instructor or Coordinator:

What is the Name of the Company or Group you will complete the WIL with: Contact Name for Company or Group:

Email Address for Contact:

Phone Number for Contact:

Is the WIL Experience In Person, Remote or Hybrid? In Person

Start Date of WIL Activity:

End Date of WIL Activity:

REMINDER: It is recommended that you notify you employer partner that you are participating in this program as soon as possible so that they are aware they will be contacted. For more information, please direct them to the "Program FAQ's" found on the website.

Section 3 and 4 are required in order to process your application.

Section 3 – What language do you use to describe your gender?

- ☐ Man
- ☐ Woman
- ☐ Nonbinary
- ☐ Transgender
- ☐ Cisgender
- ☐ Prefer to self-describe
- ☐ Prefer not to respond

Section 4 – Self Disclosure Information

Please select all that apply, if you do not wish to disclose this information, please select "prefer not to say":

- ☐ 2SLGBTQ+
- ☐ Living in a remote OR rural location (If you relocated from a remote or rural community to attend school or participate in a work placement please check here. Rural includes any community outside of: Greater St. John's (including CBS, Paradise, Mount Pearl), Clarenville, Grand Falls-Windsor, Gander or Corner Brook)
- ☐ Low Socioeconomic Status
- ☐ First Generation Post Secondary Student
- ☐ Mature Student
- ☐ Indigenous (including non-status), First Nations, Aboriginal, Métis, or Inuit
- ☐ Black Canadian
- ☐ Racialized Person / Person of Colour
- ☐ Newcomer to Canada (new immigrant to Canada within last 5 years)

- ☐ Student from Refugee pathways
- ☐ Student with Disability
- ☐ Female-identifying or non-binary person studying STEM (Science, Technology, Engineering, Math)
- ☐ None
- ☐ Prefer not to say

Section 5 – Impact of iHub Honorarium

We are interested in hearing how this honorarium will impact you. Please describe the impact you feel this financial assistance will have for your ability to complete a quality work-integrated learning experience.

Section 6 - Consent to Release Personal Information

I, , student # , a student of the Program at College of the North Atlantic Campus, hereby authorize the College to release the following information:

- ☐ Personal Information
- ☐ Gender
- ☐ Self-Disclosure Information

This personal information may be released to CEWIL Canada, for the purpose of furthering future initiatives related to reducing barriers to work-integrated learning.

Privacy Notice: *The personal information on this form is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1) and will be used to complete the necessary reporting to the CEWIL Canada's iHUB program. CNA will use aggregate data only for institutional planning and reporting purposes as well as development of future funding and partnership proposals. If*

you have any questions about this collection of personal information please contact Lauren St. Croix, Director of WIL Connections, 709-758-7093.

I have read and understand the privacy statement above and consent to the collection and use of this personal information:

Student Signature: _____ Date: _____