



Employer and Community Partner 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 Employers and Community Partners complete the survey questionnaire for all participants engaged in this program.

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.

Section 1 – Organization

Organization Name:

Your Legal First Name:

Your Legal Last Name:

Email Address:

Full Mailing Address:

Postal Code:

Section 2 – Organization Information

Organization HST or Business Number (required): _____

Note: Stipends will not be issued without an HST or Business number provided, if you would like more information about why this is required, please see FAQ's handout.

Organization Size:

- | | |
|---|--|
| <input type="checkbox"/> Micro (0-9 Employees) | <input type="checkbox"/> Small (10-99 Employees) |
| <input type="checkbox"/> Medium (100-499 Employees) | <input type="checkbox"/> Large (500+ Employees) |

Section 3 – Student Information

Please provide a complete list of students working within your organization that have indicated their participation in the **One at a Time Stipend Program**.



Student Name (First, Last):

Student Name (First, Last):

Student Name (First, Last):

Student Name (First, Last):

Student Name (First, Last):

Section 4 – Privacy Statement

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 Ashley Nguyen, Director of WIL Connect, 709-758-7093.

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

Signature: _____

Date: _____

Section 5 – Testimonial (Optional)

We are asking that our community partners provide testimonial statements that they will allow us to use in reporting and promotions. If you choose to participate, we may use your testimonial statement to further promote or enhance these types of initiatives.

Please provide a statement outlining the benefits you have seen from engaging a student in a work placement/community project and how the stipend to reduce barriers to participate supported your needs.