

## GRADUATE INFORMATION FORM

Agreement ID:	Date:
Organization Name:	
Primary Contact Name (please print):	
Signature:	
<input type="checkbox"/> I have enclosed proof of graduation and a copy of the employment agreement or contract that includes the salary, start date and other terms and conditions of employment.	

Name:	
Job Title:	Start Date:
Social Insurance Number:	Phone number:
Home Address (Street number/City/Town/Province):	
Email Address:	Postal Code:
Date of Birth:  ____/____/____ dd      mm      yr	Sex:  M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
Educational Institution Attended:	
Program of Study:	
Start Date of Program:  ____/____/____ dd      mm      yr	Graduation Date:  ____/____/____ dd      mm      yr
I Identify As (select all that apply):  <input type="checkbox"/> Mi'kmaq or Indigenous <input type="checkbox"/> Female in under-represented occupation <input type="checkbox"/> Person with disability <input type="checkbox"/> None <input type="checkbox"/> African Nova Scotian <input type="checkbox"/> International graduate <input type="checkbox"/> Visible minority	
<b>AUTHORIZATION FOR USE OF INFORMATION</b>  I authorize the Province of Nova Scotia, as represented by the Graduate to Opportunity Program, to contact me for matters related to the administration, monitoring, and evaluation of my job with this employer. This will include completing surveys throughout the next 2 years.	
_____ Employee Signature	Date: ____/____/____ dd      mm      yr



Youth Employment Programs  
Graduate to Opportunity  
sepinfo@novascotia.ca  
(902) 424-6000

## **GRADUATE TO OPPORTUNITY PROGRAM (GTO)**

### *COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION*

Graduate to Opportunity, the Student Summer Skills Incentive and other Nova Scotia government labour market programs are bound by the principles and requirements of the Nova Scotia Freedom of Information and Protection of Privacy (FOIPOP) Act.

The personal information that we collect will only be used for providing you with services: for registration to our programs or determining your eligibility for services, for instance, and for evaluating our programs, in keeping with the access and privacy provisions of the Nova Scotia FOIPOP Act and the Nova Scotia Personal Information International Disclosure Protection (PIIDA) Act.

We do not disclose your personal information to other organizations or individuals except as required to fulfill the purpose(s) of the program or service and only to the extent required or authorized by law.

Some functions within these programs or services are provided by organizations, such as an employer, that are external to the department of Labour and Advanced Education. All external organizations that provide you with a job using our programs, or with services on behalf of government, must comply with our privacy requirements and meet the applicable security, privacy and terms of use provisions.

Under the privacy provisions of the FOIPOP Act you have the right to correction of, and access to, your personal information. To obtain access or request a correction, please contact the Information Access and Privacy Services unit by email at [yepinfo@novascotia.ca](mailto:yepinfo@novascotia.ca) or phone **(902) 424-2985** or **1-844-424-2985**.

**I acknowledge that I have read and understand the above information regarding the collection, use, and disclosure of my personal information:**

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Graduate Name

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Graduate Signature