

Employer Verification Form (To be completed by the employer)

Name of Centre/Program

Name of Employee (First and Last)

Employer Name (First and Last)

Position/Title:

Employer Email:

Employer Telephone:

☐ By signing below, I verify that the employee above:

- Is currently employed in Nova Scotia in a child care or Pre-primary program on the date of this application, working a minimum of 15 hours per week, and can complete practicums at their place of work.
- Has my support to participate in the Work and Learn ECE diploma program at the Nova Scotia Community College while working a minimum of 15 hours per week for the duration of the program, and my commitment to support them in workplace practicum experiences.
- I understand that their work hours during their workplace practicum are paid hours, and that they will be mentored by a current Level 2 or 3 classified staff for the duration of the program.

Employer Signature _____

Date _____

Please email the completed form to NSCC (ecework.learn@nsc.ca)