



Native Education College Health Care Assistant Certificate Program

**EMPLOYMENT INSURANCE (E.I. /PARENTAL BENEFITS)
AUTHORIZATION FORM**

This form is required as part of the application process for the Health Care Assistant Program.

Please print this form and fax it back to the NEC Native Education College Admissions Department at: 604-873-1440, or you can drop it off in person with your application. Please print clearly and ensure that your SIN is legible.

FOR STUDENT TO COMPLETE:

I am an applicant applying to the Health Care Assistant Program at the Native Education College. This letter is to confirm that I, _____, allow ACCESS staff to verify that I am not currently on employment insurance, nor have I received Employment Insurance benefits within the past 3 years or Parental leave benefits within the past 5 years. I give consent for this information to be shared with the NEC Admissions Department.

Name of Applicant: _____

Signature: _____

Social Insurance Number: _____

Date: _____

FOR ACCESS STAFF ONLY TO COMPLETE:

1. Currently receiving Employment Insurance? Yes: No:

2. Reach back claimant? Yes: No:

(Definition: Reach back claimant was on EI for the past 3 years or received parental benefits in the past 5 years)

IF YES, PLEASE INDICATE DATE LAST RECEIVED: _____

Please **Fax** this form with LMDA Report to the NEC Admissions Department:
c/o Health Care Assistant Program
Phone: 604-873-3772, Fax: 604-873-1440