

**Coast Salish Employment Training Society** 201-5462 Trans Canada Highway Duncan, BC V9L 6W4 **Phone**: (250) 746-0183 or 1-888-811-3919 Fax: (250) 746-0189

## **Employment Needs Assistance Contract**

## Date:

## To:

You have been approved to receive funds from Coast Salish Employment & Training Society to assist with the purchase of work gear for the purpose of your employment. Your approved gear includes the following:

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- .
- .

## **Funding Contract**

- I understand that I am not eligible for gear under this program from CSETS in the future as this is a one-time funding only program.
- I will receive a letter from CSETS in approximately 6 months and will fill in the information and update CSETS on my current employment status. I will return this form within the date specified to remain compliant.
- If for some reason I withdraw from the employment opportunity specified for the duration of time indicated for the term of employment. I understand that all tools/work gear or cost of sponsorship will be returned to CSETS.
- I understand that should I withdraw from the Employment opportunity specified I will not be eligible to apply to CSETS for other employment/training opportunities until the amount owing is reduced to zero through the set reduction rate. The amount owing will be reduced by a calculation of 100.00 per fiscal year.
- If for some reason I was unable to continue my employment due to health reasons I will notify CSETS Jobs Coordinator at least 5 business days in advance with an explanation as to why I was unable to complete.

By signing below, I confirm that I have read and understood the conditions as outlined above

Client Name

Date: