



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 Follow Up Letter

Date:

To:

On _____ you were approved for work gear assistance funding.

To close your file it is mandatory as per the compliant agreement you complete and return this form no later than _____. (Please sign the bottom upon completion).

Are you currently employed?

Yes No If Yes: Full-Time Part Time Seasonal

Employer Name: _____

Position title: _____

If No: In School On E.I. On Social Assistance

If in School:

Name of School: _____

Courses Taking: _____

Education Goals: _____

If Unemployed or on E.I.:

What are your employment goals:

What do you need to reach these goals:

Failure to comply may result in loss of future funding and/or reimbursing CSETS all costs incurred on your behalf of work gear/tools.

Good luck in your employment and training goals

Employment Assistance Services Worker

Client signature

Date