

Youth Safety Training Bursary Application

Contact Information

Name: _____ Year of Birth: _____

Address: _____

City/Province/Postal code: _____

Email: _____ Telephone: _____

Course Information

Training course: _____

Training provider: _____

Location: _____

I am submitting this application with:

- A cover letter (one page max) describing my interest in completing this safety training course and how this course would be beneficial in advancing my knowledge of health and safety and increasing my employability.
- Official description and duration of the eligible safety training course (copy of a website description and duration with accompanying URL is acceptable).

Terms and Conditions

- I affirm my desire to be considered for the Safety Training Bursary Program for Youth.
- I understand that this application will be available only to qualified people who meet the eligibility criteria listed above. Members of the immediate family of employees and retirees of WorkplaceNL are not eligible.
- I attest that I am a resident of Newfoundland and Labrador.
- I also affirm that the information contained herein is true and accurate to the best of my knowledge.
- I acknowledge that this application package becomes the property of WorkplaceNL and not returned to the applicant.
- I have read and understand the selection criteria and process for selection.
- I authorize WorkplaceNL to verify any and all information contained in the application.

Name: _____

Signature: _____ Date: _____

If you require any further information or clarification on submitting your application, please contact WorkplaceNL.