
I acknowledge and agree that:

- I am in receipt of Employment Insurance benefits under the *Employment Insurance Act (Act)*;
- I will attend a course or program of instruction or training (“Course”) at my own expense for which I have been referred to by the Ministry of Training, Colleges and Universities (“Ministry”) pursuant to section 25(1) of the Act;
- My Course will be provided by _____
and start on _____ and end on _____ ; and
- I am responsible for all costs related to my Course and I will not receive any financial assistance from the Ministry for the duration of this Course, including income support, even if my employment insurance benefits cease for any reason.

Name (please print)	Signature	Date (yyyy/mm/dd)
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