

# APPLICATION FORM

## Sympi Works On-Demand Courses

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### GENERAL INFORMATION:

Business Name: <i>(Legal registered name if incorporated)</i>	
Business Name: <i>(Operating as)</i>	
Nova Scotia Registry of Joint Stock Companies Number:	
Business Civic Address:	
Business Mailing Address: <i>(If different than Civic Address)</i>	
County:	
Primary Contact Person: <i>(First and last names)</i>	
Job Title:	
Telephone: (xxx) xxx-xxxx	
Mobile: (xxx) xxx-xxxx	
E-mail Address:	
Website:	

Industry Sector(s): Check all that apply.

Aerospace & Defence	Engineering & Professional	Mining & Mineral Products
Agri-food	Finance & Insurance	Oceans Technology
Advanced Manufacturing	Forest Products	Travel & Accommodation
Business Services	Fish & Seafood Processing	Transportation Equipment
Chemicals & Plastics	Film Production	Transportation & Logistics
Clothing & Textiles	ICT (Includes Digital Media)	Other
Energy	Life Sciences	



## AUTHORIZATION

On behalf of the business identified above, I hereby submit the registration for the Sympli Works On-Demand Course (s). I certify that I am an authorized officer of the business and that the information provided in this form is true and correct to the best of my knowledge and belief. I agree to comply with the terms and conditions stated below, including any reporting requirements.

### Terms and Conditions

All approved applicants for the Sympli Works On-Demand Courses are required to:

- Complete the confirmed Sympli Works On-Demand Course (s).
- Complete and submit the required templates provided by Sympli Works upon On-Demand Course completion.
- Participate in a one-hour debrief meeting with your respective Regional Business Development Advisor and/or Export Development Executive upon On-Demand Course completion.
- Complete and submit Invest Nova Scotia's Engagement Survey upon On-Demand Course completion.

### Privacy Statement and Consent to Share Information

I have reviewed and agree with the [Privacy Statement](#) and the use and disclosure of my personal information as described.

Invest Nova Scotia is bound by the provisions and requirements of the [Freedom of Information and Protection of Privacy \(FOIPOP\) Act](#) in the collection, use and disclosure of personal information. When you complete this registration form, we may disclose your name and contact information to a third-party service provider for the purposes of evaluation of the course (s) and in registering you agree to be contacted by a third party for this reason. We will not disclose your information for any other purpose except as authorized or required by law. You agree to being contacted by any such third-party service providers and will cooperate with them in the collection of information for evaluation of the course (s). You further agree to release Invest Nova Scotia, and its staff from any claims, causes of action, suits, actions and liabilities of every nature and kind whatsoever arising from, as a result of or in any way related to the aforementioned authorized release of contact information and subsequent collection and use of information.

I hereby give Invest Nova Scotia permission to release the name of the business in any form and through any media for purposes of marketing this program.

I authorize, certify, and agree to all the terms above.

Authorized Officer Name:	
Job Title:	
Applicant's Signature:	
Date (DD/MM/YYYY):	

### Return completed form and submit via email to:

Yuliya Demish, Export Development Executive  
Invest Nova Scotia  
E: [yuliya.demish@investnovascotia.ca](mailto:yuliya.demish@investnovascotia.ca)