

### Social Service Tribe Study Award – Candidate’s Checklist

Candidates are advised to use this checklist to ensure that you are clear with the responsibilities and obligations as part of the Social Service Tribe Study Award.

| S/N | Candidate’s Responsibilities and Obligations                                                                                                                                                                                                                                                                                                                                                                                                                                         | Please Tick                  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1   | I understand that I am to conduct myself in a manner a holder of Social Service Tribe Study Award offered by the Partnering Social Service Agency (SSA).                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes |
| 2   | I am aware that I am bonded to the Partnering Social Service Agency (SSA) that has sponsored me. After completion of my studies, I will need to serve a mandatory bond period with my Partnering SSA.                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes |
| 3   | I am currently <u>not</u> and <u>will not</u> be receiving other sources of funding for any similar programmes or for the same funding components. I am also currently <u>not</u> , and <u>will not</u> be, under the obligation to serve any bond for other programmes that I have completed.                                                                                                                                                                                       | <input type="checkbox"/> Yes |
| 4   | <p>I understand that I am expected to start serving my bonded period, in the supported profession/role, within six (06) months from successful completion of the Course, as stated in the Agreement.</p> <p>In the event that I am unable to complete the course within the stipulated period, and require a programme extension, my bond start date will be determined between myself and the Partnering SSA, subjected to SSA’s approval.</p>                                      | <input type="checkbox"/> Yes |
| 5   | <p>I am aware that if I fail to complete the course of studies and/or serve the bond for any reasons, I will be liable to pay the Partnering SSA the total funding support disbursed to me for my benefit during the course of the programme (i.e. liquidated damages).</p> <p>The liquidated damages will include a ten percent compound interest per academic year. The actual liquidated damages to be paid will be calculated based on the actual funding support disbursed.</p> | <input type="checkbox"/> Yes |
| 6   | I declare and undertake that there is no actual or potential conflict of interest between me and the Partnering SSA (whether currently or in the future), which will render me unsuitable for the Social Service Tribe Study Award. In the event any actual or potential conflict of interest arises between me and the Partnering SSA, I will inform the Partnering SSA in writing as soon as reasonably possible.                                                                  | <input type="checkbox"/> Yes |
| 7   | I declare that I have not provided any false information or wilfully suppressed any material fact that might have disqualified myself from the Social Service Tribe Study Award.                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes |
| 8   | I agree for NCSS and the Partnering SSA, to have access to, and be able to share my employment and training information relating to the Social Service Tribe Study Award, with each other for monitoring and reporting purposes.                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes |

I have read and understood the list of items stated in the Social Service Tribe Study Award - Candidate's Checklist above.

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*(Signature)*

Name

Date