



WOLASTOQEY TRIBAL COUNCIL INC.

☪ Matawaskiye

☪ Wotstak

☪ Bilijk

☪ Sitansisk

☪ Welamukotuk

PNB CLIENT CONSENT

Authority to Disclose

Under the authority of the *Employment Development Act*, S.N.B. 2011, c.148, the Department of Post-Secondary Education, Training and Labour (the Department) collects, accesses, uses, discloses and protects information provided by you in accordance with section 46(1)(a) of the *Right to Information and Protection of Privacy Act*, SNB 2009, c. R-10.6 (*RTIPPA*); section 37(1) of the *Personal Health Information Protection and Access Act*, SNB 2009, c. P-7.05 (*PHIPAA*); and the Department's *Document and Record Management Policy* for the purposes of administrating programs and services.

Consent to Collect, Access and Use Personal Information

- I allow the Department, its agents, and service providers to collect only as much personal information as is reasonably necessary and use my information for the following purposes:
- To determine and verify my eligibility and/ or participation in the program/ service for which I am applying and/or receiving.
- To assist me in attaining my employment /business /training /academic upgrading goals, which includes monitoring my progress and any pre- and/or post-assessments; and
- To administer programs and services.
- To contact me both during and for a period of up to seven (7) years following my participation in the program/service to monitor and evaluate my employment/training status.
- I consent to receive text messages, when applicable, on my cell phone provided in the application. I understand that standard or higher text messaging rates may be applied.

Consent to Disclose Personal Information

I understand that to accomplish these purposes, my information may need to be shared. I hereby consent to allow the Department, its agents and external service providers to disclose my information when necessary to other branches within the Department; other New Brunswick provincial departments; federal government departments as per information sharing. agreements; eligible employers; and third-party researchers/evaluators.

Acknowledge Revoke

I understand that I can cancel my consent in writing at any time and in doing so I understand that I will no longer be able to participate in the program/ service because of its administrative requirements and the requirements established by the Canada-New Brunswick Labour Market Agreements and in accordance with the *RTIPPA*.

Signatures

- I have read the above information in its entirety. I understand that all information provided by me must be accurate; and that I am responsible to immediately notify the Department, its agents and service providers of any changes. I acknowledge that this authorization is valid for the duration of the program(s) or service(s) and the monitoring associated with it, and to carry out the evaluation of the programs(s) or service(s) as established by the Department of Post-Secondary Education, Training and Labour.
- If you have any questions regarding how your personal information is collected or used, you may contact the Program Officer/Consultant/Employment Counsellor at the Department of Post-Secondary Education, Training and Labour in your region. A list of all departmental Employment Development offices and their contact information can be found online at: www.snb.ca/PETLContact

Print Name

Signature:

Date:

Witness:

