



CLIENT CONSENT FORM

TO administer and evaluate the effectiveness of the Mushkegowuk Employment & Training programs and services, personal information about the client is required by;

- Service Canada (formerly Human Resources Development Canada (HRDC))
- Primary Funding Agencies, such as Local Delivery Mechanisms (LDM=s), Contribution Agreements and Regional Bilateral Agreements (RBAs)
- Organizations providing training (training deliverers)

TO be eligible for participation in Mushkegowuk programs and services, the Client must provide the information requested and must consent to the collection, disclosure and use of that information, as described in this notice by signing the consent and release below.

SOME of the information will be asked directly from the Client, such as gender, marital status, income, disability, age etc. This information is required for statistical collection and is used for reporting purposes in evaluation the programs and services.

OTHER organizations as described below may be contacted in order to obtain appropriate facts which aid in making informed decisions.

- 1) To confirm a Client=s request for funds, information may be required directly from;
 - a) The federal government about exhausted Employment Insurance benefits or current status on Employment Insurance claim,
 - b) Ministry of Community and Social Services, First Nation, or municipality welfare office about receipt of social assistance,
 - c) Workers Compensation Board or other disability insurer about receipt of Workers Compensation or disability insurance benefits,
 - d) Other relevant agencies.
- 2) Information may be required from Local Delivery Mechanisms when an individual=s origin is outside the Mushkegowuk area but the client resides in the Mushkegowuk area and is requesting financial assistance. Information may be requested from other primary funding agencies in other provinces when a client is requesting financial assistance and he or she originates from that province but is living in the Mushkegowuk area or vice versa.
- 3) Verification of Indian status and affiliation must occur prior to assessment of request. This information will be confirmed by a Mushkegowuk staff member and a First Nation membership clerk/Band Administrator.
- 4) Participant information may be provided to employers when making referrals for potential jobs.
- 5) Clients may be referred to other agencies or organizations to access other services.
- 6) By signing this client consent form, the client authorizes the release of any test results, reports and other information that concerns the individual to Mushkegowuk Employment & Training Services from their training programs.
- 7) Should I be successful in obtaining funding from Mushkegowuk Employment & Training Services, I will allow Mushkegowuk Employment & Training Services to publish my name as a participant on a project funded through them.

CONSENT TO REQUEST AND RELEASE INFORMATION

I have read this document, or have had this document read to me, and fully understand the above notice and do consent to the collection, disclosure and use of my personal information as described herein.

Signature _____ **Print Name Here** _____

Social Insurance Number _____ **Date** _____