

**WHITESAND LDM – EMPLOYMENT AND TRAINING
CLIENT CONSENT FORM**

TO administer and evaluate the effectiveness of the Whitesand LDM Employment and Training programs and services, personal information about the Client is required by:

- Human Resources Development Canada (HRDC)
- Primary Funding Agencies, such as the LDM, Contribution Agreements and AHRDA
- Organizations providing training (training deliverers)

To be eligible for participation in the Whitesand LDM 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 evaluating the program 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) Worker's Safety Insurance Board or other disability insurer about receipt of WSIB, D) Other relevant agencies.
2. Information may be required from Local Delivery Mechanisms when an individual's origin is outside the Whitesand area but the client resides in the Whitesand 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/she originates from that province but is living in the Whitesand area or vice versa.
3. Verification of First Nation status and affiliation must occur prior to assessment of request. This information will be confirmed by a Whitesand 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 partner 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 Whitesand LDM Employment and Training from their training program.
7. Should I be successful in obtaining funding from Whitesand LDM, I will allow Whitesand LDM 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

S.I.N. #

Date

Witness

Date