

**Shooniyaa Wa-Biitong Training and Employment Centre for the Treaty  
#3 Area  
Client Consent to Release Information Form**

To be eligible for participation in Shooniyaa Wa-Biitong sponsored 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 form.

In order for Shooniyaa Wa-Biitong to make an informed decision, other agencies as appropriate may be contacted in order to obtain relevant facts. They may be as follows:

1. To confirm a Client's request for funds, Shooniyaa Wa-Biitong may request information required directly from;
  - a) HRSDC about current status and previous history regarding Employment Insurance Benefits;
  - b) Ministry of Community & Social Services, First Nation, or municipal welfare agencies about receipt of social assistance, employments supports or child care subsidies;
  - c) WSIB, ODSP or other disability insurer about receipt of compensation or other disability insurance benefits;
  - d) Employer/Sponsor for Wage Subsidy information;
  - e) Other agency (Please state agency's name & contact and have client initial consent: \_\_\_\_\_)
2. Information may be requested from other agencies respecting the Client's intention, current or previous participation on a Shooniyaa Wa-Biitong sponsored program. They may include:
  - a) Any agency outlined in Section 1;
  - b) Canada Customs and Revenue Agency;
  - c) Employment Services or Training Provider;
  - d) Other agency (Please state agency's name & contact and have client initial consent: \_\_\_\_\_)
3. Verification of Indian status and affiliation may be required from a First Nation membership clerk/Band Administrator.
4. Participant information may be provided to potential employers when making referrals for employment.
5. By signing this client consent form, the client authorizes the release of any test results, reports including attendance and other information from a Shooniyaa Wa-Biitong sponsored training program to an authorized officer of Shooniyaa Wa-Biitong.
6. Should I be successful in obtaining funding from Shooniyaa Wa-Biitong, I consent to the release of my name to be published as a participant on a Shooniyaa Wa-Biitong sponsored training program.

I have read and fully understand this document and do consent to the collection, disclosure and use of my personal information as described herein:

I, \_\_\_\_\_  
(Name of Individual) Print Name                      \_\_\_\_\_  
(Social Insurance Number)

For which purpose my personal information has been requested by and may be disclosed to:

\_\_\_\_\_  
Leonas Favell  
Name of officer representing Shooniyaa Wa-Biitong  
Training and Employment Centre for the Treaty #3 Area

\_\_\_\_\_  
Signature of Individual Giving Consent                      \_\_\_\_\_  
Date

01/04/06