



Chi Mino Ozhitoowin

724 City Rd.
Fort William First Nation, ON P7J 1L3
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CONSENT TO RELEASE OF INFORMATION

To be eligible for participation in Chi Mino Ozhitoowin 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.

I, _____ understand that the personal information collected and held by Chi Mino Ozhitoowin will solely be used to help me access training and employment services and benefits designed to help me prepare for, get, and keep employment.

1. I hereby grant permission for any, and all, personal information held by Chi Mino Ozhitoowin to be disclosed, when required, on an as needed basis, to representatives of:
 - First Nation Community: _____
 - Training Institution: _____
 - Service Canada and its successor departments and agencies,
 - Employment Ontario and its successor departments and agencies, and,
 - Organizations under contract to either of these departments to provide employment related benefits and services.
 - Another agency (Please state agency's name & contact and have client initial consent: _____)
2. Verification of Indian status and affiliation may be required.
3. I consent to the disclosure and use of my personal information dealing with current or dormant Employment Insurance (EI) claims, for the purpose of establishing EI eligibility for EI supports and measures.
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, and other information from a Chi Mino Ozhitoowin sponsored training program to an authorized employee of Chi Mino Ozhitoowin.
6. Should I be successful in obtaining training from Chi Mino Ozhitoowin, I consent to the release of my name to be published as a participant on a Chi Mino Ozhitoowin sponsored training program.

Chi Mino Ozhitoowin will hold your information confidential between parties noted above, except in the following circumstances:

- If you give us permission to share information with others who can assist you
- We believe that you present a risk of harming yourself, or others (we are obligated to respond)
- We are required by law to release information

Signature _____

Date _____

