Saskatchewan Indian Training Assessment Group Inc.
A Network of First Nation Employment Agencies

CONSENT TO DISCLOSE PERSONAL INFORMATION

Full Name:…… Social Insurance # ……..

(Last) (First) (Initials)

Address: ……

(Street Address)

…… …… ……..

(City) (Prov.) (Postal Code)

I ……., consent to the disclosure and use of my personal information for the purposes of:

(a) Assisting the Government of Canada in verifying eligibility for, or entitlement to, insurance benefits under Part I of the Employment Insurance Act and for the purposes of ensuring Section 25 of the Employment Insurance Act which ensures that EI clients who are active EI claimants continue to receive the insurance benefits to which they are entitled.

(b) For use by the Government of Canada in assessing and evaluating the Indigenous Skill and Employment Training Program - First Nations Labour Market Strategy.

For shared Case Management purposes:

(c) If applicable, initial the following: _____ SIIT-SITAG Mental Health and Wellness _____ SIIT Career Centres

For the purposes of part (a) described above, this consent shall remain in force for a period of one year from this date and for the purposes for part (b) described above this consent shall remain in force for a period of six years from the end date of my action plan. For the purposes of information collected for the SIIT-SITAG Mental Health and Wellness or the SIIT Career Centres consent remains in force for one year. This information will be disclosed to the Government of Canada and to the Saskatchewan Indian Training Assessment Group Inc., 118-335 Packham Avenue, Saskatoon, Sask. I understand the information collected and disclosed is protected under Canada's *Privacy Act* and that I have a right under the *Privacy Act* to obtain access to the information from the Government of Canada.

Signature of Applicant:…… Date: ……..

FNLMS Case Manager

Saskatchewan Indian Training Assessment Group (SITAG) Inc. assumes full accountability for the personal information collected from its participants in accordance with applicable privacy legislation including the *Personal Information Protection and Electronic Documents Act* (*PIPEDA*) and the *Privacy Act*. SITAG is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

I, as a representative of the Saskatchewan Indian Training Assessment Group (SITAG) agree to use the information disclosed for the purpose as stated above and not to further disclose this information

Signature: …… Date: ……