



Wabun Training & Employment Services

313 Railway Street
Timmins, ON, P4N 5M8
PH: 705-268-9066
FX: 705-268-8554

CLIENT CONSENT

TO be eligible for participation in WTES 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.

TO administer and evaluate the effectiveness of the Wabun Employment & Training Services (WTES) and programs, personal information about the client is required by;

- Service Canada, Human Resources and Skills Development Canada (HRSDC)
- Primary Funding Agencies, such as Local Delivery Mechanisms (LDMs), Contribution Agreements and Aboriginal Skills and Employment Training Strategy (ASETS) Organizations providing training (training deliverers)

TO ensure accountability and transparency Wabun Employment & Training Services (WTES) project files are monitored on a regular basis. The following have permission to view project files containing both client and project information:

- Service Canada, Human Resources and Skills Development Canada (HRSDC)
- Local Delivery Mechanism (LDM) Directors, Coordinators, and Community Development Officers,
- Aboriginal Skills and Employment Training Agreement (ASETA) Coordinator

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.

To confirm a Client's request for funds, information may be required directly from;

- a) HRSDC to verify Employment Insurance benefits or current status on Employment Insurance claim,
- b) Ministry of Community and Social Services, First Nation or Municipality 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.

Information may be required from Local Delivery Mechanisms when an individual's origin is outside the Wabun area but the client resides in the Wabun 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 Wabun area or vice versa.

Verification of Indian status and affiliation must occur prior to assessment of request. This information will be confirmed by a WTES staff member and a First Nation membership clerk/Band Administrator.

Participant information may be provided to employers when making referrals for potential jobs.

Clients may be referred to other agencies or organizations to access other services.

By signing this client consent form, the client authorizes the release of any test results, reports and other information that concerns the individual to Wabun Employment & Training Services from their training programs.

Should I be successful in obtaining funding from Wabun Employment & Training Services, I will allow Wabun 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 understand this notice and consent. I voluntarily provide my consent to the Exchange, Collection, Use and Protection of Personal Information by signing this form.

(Signature)

(Date)



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PHOTO RELEASE FORM (OPTIONAL)

I hereby grant Wabun Employment & Training Services (WTES) to use my likeness in a photograph, without payment or any other consideration.

I understand and agree that the photo will become the property of WTES and will not be returned.

I hereby authorize WTES to edit, alter, copy, exhibit, publish or distribute this photo for purposes of marketing WTES programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, wherein my likeness appears.

I hereby hold harmless and release and discharge WTES from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

(Signature)

(Date)

If the person signing is under age 18, there must be consent by a parent or guardian as follows: I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)