Student Summer Employment Program
High School or Post-Secondary

STUDENT CONTACT AND CONSENT FORM

LaMPSS Agreement # _____ Employer Name: _____

Location of Employment: _____ Position Title: _____

Student Name: _____ Gender _____ Email: _____

Mailing Address: _____ City/Town: _____

Postal Code: _____ Telephone: _____ Date of Birth: _____

Social Insurance Number (S.I.N.) _____ Current High School Grade _____ ***OR***

Post-Secondary Program attending in September 2019 _____

Are you related to the Employer? _____ if "yes", specify relationship _____

Are you a Canadian Citizen or legally entitled to work in Canada? _____

Employment Start Date: _____ End Date: _____

Client Consent for Exchange and Release of Information for the Department of Advanced Education, Skills and Labour Student Mentorship Program

COLLECTION: Personal information provided with your intake form/application for funding is collected under the authority of the *Access to Information and Protection of Privacy Act, 2015* (ATIPPA, 2015), Employment Insurance Act of Canada, Income and Employment Support Act and Regulations, and will only be used for the administration of the service or benefit for which you are applying or for a consistent purpose under section 69 of ATIPPA, 2015.

USE: The personal information collected will only be used and/or disclosed in accordance with ATIPPA, 2015. Such uses may include: determining services appropriate to the needs of the client, determining eligibility for programs and funding, ensuring compliance with funding agreement terms, case management, tracking progress during an agreement including post funding assessment of outcomes as per the information sharing agreement referenced between the Government of Canada and the Government of Newfoundland and Labrador funded by the Department of Advanced Education, Skills and Labour and to provide statistical information to agencies providing funding support to the services offered.

DISCLOSURE: The personal information provided may be exchanged and released to any person, agency or government departments such as Advanced Education, Skills and Labour, Health and Community Services, service provider organizations or training institution that is administering the program, service or benefit. This information may include: contact information, employment plan, eligibility for employment benefits, marks, attendance and proof of financial payments to the training institution. The personal information provided may also be shared with the Government of Canada and the Canada Revenue Agency in keeping with the data-sharing provisions outlined in agreements between the Government of Newfoundland and Labrador and the Government of Canada.

Access to Information and Protection of Privacy Act, 2015: Under ATIPPA, 2015 your personal information is protected in accordance with section 64.(1); you have the right to access your personal information in accordance with section 8.(1); and, you have the right to request the correction of your personal information in accordance with section 10.(1) if there has been an error or omission. You have the right to withdraw this consent at any time by contacting the Department of Advanced Education, Skills and Labour.

If you have any questions regarding how your personal information is collected or used, you may contact the department's ATIPP Coordinator of the Department of Advanced Education, Skills and Labour. A listing of all departmental coordinators and their contact information can be found at: www.atipp.gov.nl.ca/info/coordinators.html

Client Consent: I, (print name)_____acknowledge that I have read and understand the above information regarding the collection, use and disclosure of my personal information.

Parent, Guardian or Trustee Consent: I, (print name)_____(Parent, Guardian or Trustee) acknowledge that I have read and understand the above information regarding the collection, use and disclosure of information regarding my dependent. Print name of dependent: _____ .

_____ _____

Signature of Client Date

_____ _____

Signature of Parent, Guardian or Trustee Date