



Blood Tribe Employment & Skills Training

Client Consent Form
P.O Box 319, Standoff, AB. T0L 1Y0
Telephone: (403) 737-8149
Fax: (403) 737-8148

CLIENT CONSENT TO DISCLOSED INFORMATION FORM

In this section, we ask you to provide us with your written consent to disclosed personal information that you have provided to the Blood Tribe Employment & Skills Training (BTEST) and/or its contracted agents for the reasons listed below.

The personal information may be collected from the following BTEST Forms: Client Registration Form, Employment Skills Assessment, Job Search Skills Assessment, and Financial Assessment Forms.

Please check in the boxes below if you agree with this consent, thank you.

- I authorize BTEST and/or its contracted agents, or designate to contact individuals as required to verify my education, financial and personal information, training, work experience, Treaty Status, residency and all other information I will provide.
- I authorize BTEST to protect themselves from fraud; by cross referencing and disclosing with other funding/financial sources. (e.g.: Income Support Service through Service Canada, Alberta Employment Industry and Immigration (AEII) and/or Band offices.)
- I consent to the disclosure of my personal information to Service Canada for the use in research, statistical analysis, recording personal information into the statistical database Keto or in program evaluations.
- I consent to the disclosure of my statement of marks and courses; and any other relevant information from the service providers and/or contracted agents to BTEST in order to determine my eligibility for any program assistance or continued assistance from BTEST.
- I consent to the service provider and/or institution disclosing the status of my application to attend to BTEST.
- I consent to the disclosure of my personal information to a contractor's of BTEST for the purpose of assessment, referral, follow-up and administering the program that I have applied for.
- In the event that I am a participant of group work or workshops that BTEST offers, or a contracted agent conducts, I understand that personal information could be collected, used, shared or disclosed in the course of a session and I consent to this disclosure of personal information.

I, _____, (*print client's name*) understand and consent to the disclosure and exchange of information between Blood Tribe Employment & Skills Training (BTEST), Service Canada and Alberta Employment Industry and Immigration (AEII). I also authorize the disclosure and exchange of information between BTEST and any service providers, individuals that are involved in assisting me to complete my client action plan to verify that the information I have provided to BTEST is true and accurate.

Client Signature (sign in blue ink)

mm / dd / yy

Today's Date

Witness or Career Counsellor Signature (sign in blue ink)

mm / dd / yy

Today's Date

- This consent is voluntary and you may withdraw your consent at any time, but must do so in writing to BTEST.
- If you choose not to sign and we require more information, please be advised that the BTEST may be unable to provide full services to your.

Information that is collected by BTEST from you is done so under the authority of the Aboriginal Human Resources Development Agreement and is in accordance and governed by the Protection of Personal Information Act (PIPA) and Freedom of Information and Protection of Privacy Act (FOIP).

Blood Tribe Employment & Skills Training sponsorship provided by Service Canada