



Date (yyyy/mm/dd): _____

Social Insurance Number (S.I.N.): _____

Name: _____

First Name

Middle Name

Last Name

Birthdate: _____/_____/_____

Year

Month

Day

Gender

Male

Female

Other

Not Declared

Language of service

First Language: English French Other _____

Preferred written: English French Other _____

Preferred spoken: English French Other _____

How / Where did you hear of our services? _____

Residential Address: _____

City/Town: _____

Postal Code: _____ | _____

Mailing address: _____

(If different from above)

Telephone: (____) - ____ - ____

Email: _____

Preferred form of contact: Phone Email Text

Are you currently Employed / Self Employed : Yes No

Present or Previous Employment (if employed):

Company Name: _____ Your Job Title: _____

Start Date (yy/mm/dd): _____ End Date (yy/mm/dd): _____

Hours/week: _____ Wages: _____

PRIVACY NOTICE AND CONSENT FORM

Training and Employment Services (TES), within Government of Manitoba's Department of Business, Mining, Trade and Job Creation, works with employers, service providers, educational institutions, municipal, provincial and federal government departments, and agencies to provide a broad range of training and employment services to eligible participants ("services").

PRIVACY NOTICE

SECTION 1: WHY TES NEEDS TO COLLECT AND USE YOUR INFORMATION ("PURPOSES")

TES needs to collect and use your personal information and personal health information, if applicable, for the following purposes:

- to determine and verify if you are eligible to participate in TES services,
- to assess your training and employment needs,
- to monitor and record your enrolment, participation and progress in TES services,
- to administer and advertise TES services,
- to identify and direct you to appropriate TES services, and
- for research and planning, reporting, monitoring, evaluation and accountability purposes.

SECTION 2: OUR LEGAL AUTHORITY TO COLLECT YOUR INFORMATION

Your personal information and personal health information, if applicable, is necessary to provide you with TES services, and to carry out the activities of TES. Your personal information is collected under the authority of clause 36(1)(b) of The Freedom of Information and Protection of Privacy Act of Manitoba (FIPPA) and your personal health information, if applicable, is collected under the authority of subsection 13(1) of The Personal Health Information Act of Manitoba (PHIA). TES limits the personal information and personal health information it collects about you to the minimum amount necessary for the purposes described in section 1.

Your personal information is protected by FIPPA and your personal health information is protected by PHIA. TES cannot use or disclose your information for other purposes unless you consent or we are authorized to do so by FIPPA or PHIA.

SECTION 3: WHOM DO I CONTACT IF I HAVE QUESTIONS?

If you have any questions about the collection, use or disclosure of your personal information and personal health information, if applicable, please contact TES at (204) 945-0575 or toll free at 1-866-332-5077.

CONSENTS

In entering your personal information and personal health information, if applicable, into TES's case management system, or authorizing TES, a service provider working for TES, or another person to do so for you, you are consenting to TES's collection, use and disclosure of your personal information and personal health information, if applicable, as outlined in this document.

SECTION 4: INFORMATION I AGREE TO PROVIDE TO TES

I agree to provide TES with the following personal information and personal health information, if applicable, about me. I understand that this information is necessary for me to participate in TES services and to carry out the purposes described above in section 1:

- social insurance number,
- full name, telephone number, address, e-mail address,
- birth date, gender identity,
- education, job skills, experience and credentials,
- health conditions or disabilities that might affect my training or employment,
- details about my progress in TES services,
- training or employment testing and reports,
- employment status: employed/self employed/not employed,
- employment plans, work experience, availability,
- Indigenous person,
- person with disabilities,
- member of a visible minority,
- immigrant/refugee,
- marital status, dependents
- follow-up information after completion of TES services, including satisfaction with services received, employment status, whether TES services prepared me for future employment, credentials or certifications achieved through TES services, and my earnings.

I agree to provide TES with any changes to my personal information and personal health information in a timely manner.

SECTION 5: CONSENT TOTES OBTAINING INFORMATION ABOUT ME FROM OTHER SOURCES

I consent to TES collecting the following personal information and personal health information, if applicable, about me for the purposes described in section 1 from the persons and bodies listed below and consent to TES providing such information about me as may be necessary to obtain the information TES requires, and I consent to the persons and bodies disclosing the information to TES:

- social insurance number,
- full name, telephone number and address,
- e-mail address,
- birth date,
- gender identity,
- details about my progress in TES services,

- employment testing and reports,
- medical reports related to employment,
- EI eligibility status,
- EI client status,
- EI claim information,
- language (English or French),
- provincial parental benefits,
- interventions,
- indigenous person,
- person with disabilities,
- member of a visible minority,

Persons or bodies:

- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services under contract with TES,
- my schools and educational and training institutions, and
- any Manitoba (MB) government department or agency, or federal government department or agency, that has provided or is providing me with services or assistance, including: Employment and Social Development Canada; Service Canada; MB Health, Seniors and Long-Term Care; MB Housing, Addictions and Homelessness; MB Advanced Education and Training; MB Education and Early Childhood Learning; MB Families; MB Justice; MB Municipal and Northern Relations; MB Indigenous Economic Development; and MB Crown Services

SECTION 6: CONSENT TO TES DISCLOSING MY INFORMATION

I consent to TES disclosing my personal information and personal health information, if applicable, to the following persons and bodies to the extent they need to know the information to carry out the purposes listed above in section 1:

- Employment and Social Development Canada; Service Canada; MB Health, Seniors and Long-Term Care; MB Housing, Addictions and Homelessness; MB Advanced Education and Training; MB Education and Early Childhood Learning; MB Families; MB Justice; MB Municipal and Northern Relations; MB Indigenous Economic Development; and MB Crown Services,
- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services, assistance or support under contract with TES,
- service providers under contract with TES to assess your training and employment needs and record your enrolment in TES services, and
- consultants under contract with TES to conduct research and evaluation of TES services.

SECTION 7: HOW LONG DOES MY CONSENT LAST?

I understand that the consents I have given will not be limited by time.

SECTION 8: CAN I WITHDRAW MY CONSENT?

I understand that I may withdraw my consent at any time by contacting TES in writing. However, I also understand that a withdrawal is not retroactive, and if I withdraw my consent, I will no longer be eligible to receive TES services.

Client Signature: _____

Date: _____