

MANITOBA COMPETITIVENESS, TRAINING AND TRADE CONSENTS AND PRIVACY NOTICE

Industry Workforce Development is a Branch of Manitoba Competitiveness, Training and Trade. Industry Workforce Development works with employers, service providers, educational institutions and other municipal, provincial and federal government departments and agencies to provide a broad range of assessment, vocational, training and employment services to eligible participants.

CONSENTS

Why INDUSTRY WORKFORCE DEVELOPMENT needs to collect information about me

1. I understand that Industry Workforce Development needs to collect personal information about me, such as information about my education and employment history, and contact information; and personal health information about me such as information about any health condition or disability that might affect my training or employment for the following purposes:
 - to determine and verify if I am eligible to participate in Industry Workforce Development programming
 - to assess my training and employment needs
 - to monitor and record my enrolment, participation and progress in Industry Workforce Development programming
 - to administer and enforce Industry Workforce Development programming
 - for Industry Workforce Development Program research and planning purposes, and for reporting, monitoring, evaluation and accountability purposes.

I understand that personal health information will only be collected if I have indicated that I am a "Person with Disabilities".
2. I understand that Industry Workforce Development will limit collection, use and disclosure of my personal information and personal health information to the minimum amount necessary to carry out these purposes.

INFORMATION I AGREE TO PROVIDE TO INDUSTRY WORKFORCE DEVELOPMENT

3. I agree to provide Industry Workforce Development with the following personal information and personal health information. I understand that this information is necessary for me to participate in Industry Workforce Development programming and to carry out the purposes described above in Section 1:
 - full name, telephone number, and address
 - email address and fax number (if any)
 - birth date
 - social insurance number (S.I.N.)
 - education, job skills, experience and credentials
 - information about any health condition or disability that might affect my training or employment
 - details about my progress in the Industry Workforce Development program
 - training or employment testing and reports
 - survey information after the Industry Workforce Development program, including my satisfaction with the Industry Workforce Development program, my employment status, whether the Industry Workforce Development program prepared me for future employment opportunities, credentials or certificates achieved through participation in the Industry Workforce Development program, and information about my earnings after the Industry Workforce Development program.
4. I also agree to provide Industry Workforce Development with any changes to my personal information and personal health information.

CONSENT TO INDUSTRY WORKFORCE DEVELOPMENT OBTAINING INFORMATION ABOUT ME FROM OTHER SOURCES

5. I understand that Industry Workforce Development needs the following personal information and personal health information about me for the purposes described in Section 1, and that this information must be obtained from the other persons and bodies described in Section 6:
 - details about my progress in the Industry Workforce Development program
 - employment testing and reports
 - work experience
6. I consent to the following persons and bodies disclosing the information described in Section 5 to Industry Workforce Development :
 - Any organization, agency or entity that has provided or is providing me with work experience, training or employment related programs, services, assistance or support under contract with Industry Workforce Development (Service Providers)
 - Educational and training institutions
 - Any federal department or agency, that has provided me or is providing me with programs, services or assistance including: Human Resources and Skills Development Canada.
7. I also consent to Industry Workforce Development collecting personal information and personal health information about me from the persons and bodies listed above in Section 6, and to Industry Workforce Development providing such information about me to them as may be necessary to obtain the information Industry Workforce Development requires.

CONSENT TO INDUSTRY WORKFORCE DEVELOPMENT DISCLOSING MY INFORMATION

8. I consent to Industry Workforce Development disclosing personal information and personal health information about me 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:
- Human Resources and Skills Development Canada
 - Any organization, agency or entity that has provided or is providing me with experience, training or employment related programs, services, assistance or support under contract with Industry Workforce Development (Service Providers)
 - Consultants under contract with Industry Workforce Development to conduct research and evaluation of the Industry Workforce Development programs.

HOW LONG DOES MY CONSENT LAST?

9. I agree that the consents I have given will last 4 years.

CAN I WITHDRAW MY CONSENT?

10. I understand that I may withdraw my consent at any time, by contacting Industry Workforce Development in writing.
11. However, I also understand that, if I withdraw my consent at any time, I will no longer be eligible to receive programs, services, assistance or support from Industry Workforce Development.

NAME (PLEASE PRINT)

SIGNATURE

DATE

OPTIONAL EMPLOYMENT EQUITY DECLARATION

Industry Workforce Development wishes to obtain your employment equity information for research and planning purposes, and for reporting, monitoring, evaluation and accountability purposes.

Providing this employment equity declaration is optional. Not providing it will not affect your eligibility for Industry Workforce development programs, services, assistance and support. But, it may be to your benefit to provide this information.

If you wish to provide employment equity information, please check all the categories that apply to you.

I am a

- Woman**
- Aboriginal Person** – North American aboriginal ancestry. Select only one of the following:
 - Métis
 - Inuit
 - Status Indian
 - Non-status Indian
- Person with Disabilities** – I have a long-term or recurring impairment and:
 - consider myself to be disadvantaged in employment by reason of that impairment, or
 - believe that an employer or potential employer is likely to consider me to be disadvantaged in employment by reason of that impairment
- Member of a Visible Minority** – other than an aboriginal person. Because of race or colour I am considered a visible minority.
- Immigrant Status**

NAME (PLEASE Print)

SIGNATURE

DATE

PRIVACY NOTICE

WHY YOUR INFORMATION IS BEING COLLECTED (“PURPOSE”)

Industry Workforce Development needs to collect your personal information and personal health information for the purposes described in Section 1 on Page 1.

OUR LEGAL AUTHORITY TO COLLECT YOUR INFORMATION

Your personal information and personal health information is necessary to provide you with Industry Workforce Development programs, services, assistance and support, and to carry out the activities of Industry Workforce Development. 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 is collected under the authority of subsection 13(1) of *The Personal Health Information Act* of Manitoba (PHIA).

We limit the personal information and personal health information we collect about you to the minimum amount necessary for the purposes described in Section 1 on page 1.

Your personal information is protected by *The Freedom of Information and Protection of Privacy Act* of Manitoba and your personal health information is protected by *The Personal Health Information Act* of Manitoba. We cannot use or disclose your information for other purposes unless you consent or we are authorized to do so by *The Freedom of Information and Protection of Privacy Act* or *The personal Health Information Act*.

WHAT DO I DO IF I HAVE QUESTIONS ABOUT MY INFORMATION

If you have any questions about the collection, use or disclosure of your personal information or personal health information, please contact _____ (insert title) at Industry Workforce Development, Manitoba Competitiveness, Training and Trade, _____ (insert address including postal code); phone number (204) _____.