

## Disclosure of Personal Information (Please read *Privacy Notice* below carefully)

### Personal Information

Name: \_\_\_\_\_  Male  Female  
Mailing Address \_\_\_\_\_ Community: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (Home): \_\_\_\_\_ Phone: (Work) \_\_\_\_\_  
Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Courses and/or Programs

I give GNWT, Municipal and Community Affairs consent to disclose any necessary personal information as it relates to my participation in a course and/or program and subsequent certification:

1. To the providers of the formal instruction component of apprenticeship and certification training programs, to my employer, to industry representatives and to officials of the School of Community Government, other government departments, other provinces and territories and the federal government for purposes of making decisions related to:
  - my registration in a technical training program;
  - my progress in an apprenticeship or certification program;
  - the issuance of NWT Certificates of Qualification, Completion of Apprenticeship or Certificates of Competence, to me;
  - my eligibility to apply to write the Inter-Provincial Standard (Red Seal) Program exam (if and when available in my trade); and
  - my eligibility to participate in other apprenticeship and certification programs in Canada.
2. To officials of Municipal and Community Affairs, other NWT Government departments, other provinces and territories and the Federal Government for the purposes of:
  - administering the Inter-Provincial Standard (Red Seal) Program;
  - evaluating the NWT apprenticeship and certification programs, other provincial and territorial apprenticeship or certification programs; and/or,
  - collecting labour market information for research and statistical purposes.
3. To any group, organization or association for the purposes of being considered for an award or scholarship. The information regarding award recipients (i.e. name, award received and photo) may be published in local or national media.
4. To my employer for purposes of confirming my participation in, and completion of SCG courses and programs.

### Privacy Notice

*(Please Read Carefully Before Signing the Disclosure of Personal Information Form)*

1. Municipal and Community Affairs collects personal information from you for the purposes of administering and enforcing the *Apprenticeship Trade and Occupations Certification Act* and for administering certification programs.

**Please complete and fax both pages of this form to (867) 873-0584**

2. "Personal Information" for the purposes of the Disclosure of Personal Information form includes such things as your name, address, telephone number, date of birth, gender, identification number, examination and evaluation marks, certificates(s) held, course work, training and work experience completed.
3. The *Access to Information and Protection of Privacy Act* allows Municipal and Community Affairs, to collect, use and disclose your personal information for the purpose(s) for which it was collected, for a consistent purpose and, with your written consent, for the purposes and to the persons or bodies listed on the *Disclosure of Personal Information* form.
4. Municipal and Community Affairs will disclose only the personal information that is needed for the purpose in question and will protect your personal information from unauthorized access, use, disclosure or disposal.
5. You do not have to sign this *Disclosure of Personal Information* form. However, if you do not sign the form, there may be delays in processing your registration, in issuing your certificate(s) or Inter-Provincial Red Seal, in finalizing your examination/school/evaluation marks, in releasing your examination/school/evaluation marks or in you being able to work in your trade or occupation in another province/territory.
6. If you do not wish to have your personal information disclosed to certain persons, bodies or for specified purposes, you may cross them out on the *Disclosure of Personal Information* form. This may result in some of the delays listed above.
7. You may withdraw your consent at any time, but must do so in writing and must send the notice of withdrawal to:  
School of Community Government  
Municipal and Community Affairs  
Government of the Northwest Territories  
Box 1320  
Yellowknife NT X1A 2L9
8. The personal information collected by the School of Community Government will be used and disclosed only for the purposes for which it was collected, for a consistent purpose or for the purposes listed on the attached *Disclosure of Personal Information* form. You have a right to request access to your own personal information to ensure that it is accurate and completed and to request that a correction be made if it is not.

I hereby give my consent, dated this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian if student is under age 19

*Refusal to sign this form will not result in any adverse effect upon rights, benefits or services currently provided by the GNWT.*

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