

PRIVACY NOTICE AND CONSENT FORM

WORKFORCE TRAINING AND EMPLOYMENT



Workforce Training and Employment (WTE), within the Government of Manitoba's Department of Economic Development and Jobs works with employers, service providers, educational institutions, municipal, provincial and federal government departments, Manitoba Hydro, and agencies to provide a broad range of training and employment services to eligible participants ("services").

PRIVACY NOTICE

SECTION 1. WHY WTE NEEDS TO COLLECT AND USE YOUR INFORMATION

WTE needs to collect ~~(the purposes)~~ your personal information and personal health information, if applicable, for the following purposes:

- to determine and verify if you are eligible to participate in WTE services,
- to assess your training and employment needs,
- to monitor and record your enrolment, participation and progress in WTE services,
- to administer and advertise WTE services,
- to identify and direct you to appropriate WTE 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 WTE services, and to carry out the activities of WTE. 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). WTE 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. WTE 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. WHO 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 WTE 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 WTE's case management system, or authorizing WTE, a service provider working for WTE, or another person to do so for you, you are consenting to WTE'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 WTE

I agree to provide WTE 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 WTE services and to carry out the purposes described above in section 1:

- social insurance number,
- full name, telephone number and 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 WTE 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 WTE services, including satisfaction with services received, employment status, whether WTE services prepared me for future employment, credentials or certifications achieved through WTE services, and my earnings.

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

SECTION 5. CONSENT TO WTE OBTAINING INFORMATION ABOUT ME FROM OTHER SOURCES

I consent to WTE 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 WTE providing such information about me as may be necessary to obtain the information WTE requires, and I consent to the persons and bodies disclosing the information to WTE:

- social insurance number
- full name, telephone number and address,
- e-mail address,
- birth date,
- gender identity,
- details about my progress in WTE 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 WTE,
- my schools and educational and training institutions,
- my physician _____,
- my other health care professionals: _____, 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 Care; MB Mental Health, Wellness & Recovery; MB Advanced Education, Skills and Immigration; MB Education; MB Families; MB Justice; MB Indigenous and Northern Relations; MB Municipal Relations; and MB Crown Services.

SECTION 6. CONSENT TO WTE DISCLOSING MY INFORMATION

I consent to WTE 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 Care; MB Mental Health, Wellness & Recovery; MB Advanced Education, Skills and Immigration; MB Education; MB Families; MB Justice; MB Indigenous and Northern Relations; MB Municipal Relations; 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 WTE,
- service providers under contract with WTE to assess your training and employment needs and record your enrolment in WTE services, and
- consultants under contract with WTE to conduct research and evaluation of WTE 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 WTE 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 WTE services.

Service Provider Participant Intake Form

Note: The questions with a red asterisk (*) are mandatory.

To be completed by Service Provider: Project Information		
Service Provider (SP) Name:	Project Name:	
SP ICM Case #:	Participant Start Date (yyyy-mm-dd):	Projected End Date (yyyy-mm-dd):

Date (yyyy-mm-dd):

Participant Information		
*Have you reviewed the Privacy Notice and Consent Form?	Yes	No
*Last Name:	*First Name:	
Middle Initial :	*Preferred Name:	*Gender Identity:
*Preferred Language:	*Language of Service:	
English French Other	English French	
Referral Source (Who recommended that you contact this agency?)		

Primary Contact Information		
Send mail to primary address		
If your address requires additional information such as a c/o line, site compartment, lot concession, etc., please enter information:		
*Residential Address: Apt. #	Street Address:	
Delivery Address (e.g. Box or R.R.):	City/Town:	Postal Code:
*Telephone Number:	Alternate Number:	
E-Mail Address:		

Alternate Contact Information		
Send mail to alternate address		
If your address requires additional information such as a c/o line, site compartment, lot concession, etc., please enter information:		
*Residential Address: Apt. #	Street Address:	
Delivery Address (e.g. Box or R.R.):	City/Town:	Postal Code:
*Telephone Number:	Alternate Number:	
E-Mail Address:		

Demographic Information		
*What is your current employment status?		
*If Employed – Wage (hourly rate)/Salary/Commission:	*If Employed – Hours Per Week:	Payment Frequency:
Education (highest level of education completed):	Year Education Completed (yyyy)	
*Are you currently receiving Employment Insurance (EI) Benefits?		
*Are you currently receiving Provincial Employment and Income Assistance (EIA) or band income assistance?		
*If you are receiving EIA, please answer the following:		
Receiving Income Assistance from:	Income Assistance Status:	

	Yes	No	Not Declared
*Do you identify as being Indigenous?	If Yes,		Status off Reserve
	Status on Reserve	Inuit	Métis
	Non-Status		Not Declared
*What is your marital status?	Single	Married or Equivalent Not Declared	
*Do you have any dependents? Individual(s) who live in the same household as me and for whom I have caregiving responsibilities. The dependent is a child(ren) (by birth, marriage, adoption or be a foster child) or an adult(s) dependent (e.g. an adult offspring with a disability).	Yes	No	Not Declared
	Number of Dependents:		
*Are you a person with a disability? 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.	Yes	No	Not Declared
*Are you a member of a visible minority? Other than an Indigenous person, because of race or colour, I am considered a visible minority.	Yes	No	Not Declared
*Do you identify as being an immigrant/refugee? Immigrant – I am a person who has settled permanently in Canada from another country. An immigrant includes those who have obtained a Canadian passport or who have been granted Citizenship or who have obtained Permanent Resident status. Refugee – I am a person who was forced to flee from another country and settled in Canada.	Yes	No	Not Declared
	Landing Date (yyyy):		

For Service Provider Use Only

Date Received (yyyy-mm-dd)	SIN	DOB (yyyy-mm-dd)
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