

# PRIVACY NOTICE AND CONSENT FORM

## SKILLS AND EMPLOYMENT PARTNERSHIPS

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Skills and Employment Partnerships (SEP), within the Manitoba government's Department of Education and Training 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 SEP NEEDS TO COLLECT AND USE YOUR INFORMATION ("PURPOSES")

SEP 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 SEP services,
- to assess your training and employment needs,
- to monitor and record your enrolment, participation and progress in SEP services,
- to administer and enforce SEP 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 SEP services, and to carry out the activities of SEP. 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). SEP 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. SEP 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 SEP 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 SEP's case management system, or authorizing SEP or another person to do so for you, you are consenting to SEP'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 SEP

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

- full name, telephone number and address,
- e-mail address and fax number (if any),
- 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 SEP services,
- training or employment testing and reports,
- employment status: employed / self employed / not employed,
- employment plans,
- work experience,
- availability,
- follow-up information after completion of SEP services, including satisfaction with services received, employment status, whether SEP services prepared me for future employment, credentials or certifications achieved through SEP services, and my earnings, and
- social insurance number (S.I.N.).

I also agree to provide SEP with any changes to my personal information and personal health information, if applicable, in a timely manner.

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

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

- details about my progress in SEP services,
- employment testing and reports,
- employment plans,
- medical reports related to employment,
- work experience,
- availability,
- EI eligibility status,
- EI claim information,
- language (French or English),
- provincial parental benefits,
- education level,
- interventions,

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 SEP,
- 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, and Active Living; MB Families; MB Growth, Enterprise and Trade; MB Justice; MB Indigenous and Northern Relations; MB Municipal Relations; and MB Crown Services.

**SECTION 6. CONSENT TO SEP DISCLOSING MY INFORMATION**

I consent to SEP 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 Active Living; MB Families; MB Growth, Enterprise and Trade; 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 SEP, and
- consultants under contract with SEP to conduct research and evaluation of SEP 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 SEP 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 SEP services.

**ADDITIONAL INFORMATION**

SEP wishes to obtain the following self declaration information from you for research and planning, reporting, monitoring, evaluation and accountability purposes.

*Providing this self declaration information is optional. Not providing it will not affect your eligibility for SEP services, but it may be to your benefit to provide this information.*

1. **Indigenous Person** – North American Indigenous ancestry (Métis/Inuit/Status Indian/Non-Status Indian)
2. **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
3. **Member of a Visible Minority** – other than an Indigenous person. Because of race or colour I am considered a visible minority.
4. **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.
5. **Marital Status** – I am either: 1. Single or 2. Married with a spouse or living with a common-law partner.
6. **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).

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_