



Consent to Obtain and Release Information

Personal information collected on the Opportunities Fund & BC Centre for Abilities forms are collected under the authority of section 26 (C) of the Freedom of Information and Privacy Act and is subject to all provisions of that Act.

I declare that the information given verbally or written in program application(s), for the purpose of participation in employment skills training is true to the best of my knowledge. I further authorize Service Canada and BC Centre for Ability to confirm the attached information by contacting any of the individuals or organizations listed in my application. I also hereby authorize the BC Centre for Ability to release and obtain information regarding myself to/from various potential employers and the following:

Referring Agency, Employers (both current and potential), Schools, Parents, Guardians or Legal Representatives

Agency Name: _____

Employer Name: _____

Training Institution Name: _____

Other (please specify relationship): _____

Participant Signature: _____ Date: _____

*Please note: This information will be used for the purpose of vocational planning and evaluation of requests for funding. All information shared will be kept confidential except where consent has been granted in writing to exchange with third parties.

*This consent is valid until completion of services with BC Centre for Ability, or until consent is revoked in writing by either party