

Career Paths for Skilled Immigrants Program is part of the WelcomeBC umbrella of services, made possible through funding from the Government of Canada and the Province of British Columbia

Career Paths for Skilled Immigrants Program Permission to Collect Private Data Form

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS ON THE FORM. IF YOU HAVE ANY QUESTIONS ABOUT THE FORM PLEASE ASK PROGRAM STAFF. THANK YOU.

Agreement #: C22-CPSI03

Organization: Central Vancouver Island Multicultural Society

Organization Representative: Carey Karlsson

Name of Participant:

First Name		Middle Name		Last Name
Date of Birth:				
Permanent Reside	ent Number:			
Mailing Address: _	Street Address			
-	City / Town		Postal Code	
Email Address:				
Phone Numbers: _	Daytime		Alternate	

Personal Information

All personal information related to your participation in a Career Paths for Skilled Immigrants Program opportunity ("Personal Information") is collected pursuant to sections 26(c) and 26(e) of the Freedom of Information and Protection of Privacy Act. This information will be used for administrative and evaluation/research purposes, including determining your eligibility for participation in Career Paths for Skilled Immigrants Program training.

As the Department of Immigration, Refugees and Citizenship Canada, Government of Canada ("Canada") provides part of the funding for the Career Paths for Skilled Immigrants Program, Personal Information will be shared with Canada, as well as the Foreign Qualifications Recognition team for evaluation/research purposes. No personally identifiable information will be disclosed to Canada for this purpose.

If you have any questions about the use of this information, please contact Mikaela Torres, Executive Director at mtorres@cvims.org or 250-753-6911 ext. 101

Consent and Agreement

Effective as of the date set out below, and in consideration of the opportunity for me to participate in Career Paths for Skilled Immigrants Program training, I:

- Certify that all of the information that I have provided in this form is accurate and complete;
- Consent to the use of my Personal Information by the Province of British Columbia for purposes of accountability, quality assurance, research and evaluation; and
- Consent to my Personal Information being used to contact me to conduct any Surveys and/or to request a Testimonial.

I, the undersigned, hereby accept and agree to the above terms and conditions.

By signing this form, you certify that the information provided is accurate and complete to the best of your knowledge.

Name	Signature	Date