

CONSENT TO DISCLOSE PERSONAL INFORMATION FORM - COMPLETION GUIDE QUALIFICATION CERTIFICATE PROGRAM

When you sign the Qualification Certificate Program Application you authorize Apprenticeship and Industry Training to share information about the status of your application, the results of the review of your application and your exam results with the Alberta employer named on the application, and in some instances, with your union. **If you want to authorize someone else to receive information about your application, you may use this Consent to Disclose Personal Information Form to give Apprenticeship and Industry Training permission to share your personal information with an authorized individual (your representative) in accordance with the *Freedom of Information and Protection of Privacy Act* (Alberta).** The **original** consent form may be submitted with your original application or at any time during the processing of your application.

How to complete the form:

1. Obtain a hardcopy from an Apprenticeship and Industry Training Office or print off the form at <http://www.tradesecrets.alberta.ca/>. (If you are applying from outside Canada, we encourage you to submit the form together with your Qualification Certificate Program Application **before** your arrival in Alberta.)
2. Complete the form in ink, clearly with the following information:
 - your full legal name (last name, middle name, first name)
 - your date of birth (year, month, date)
 - your current address (if in Alberta, provide your Alberta address; if you are applying from outside Canada or Alberta, provide your current mailing address)
 - your Alberta Apprenticeship and Industry Training identification number (if available)
 - your current telephone number
 - the name of the trade and the date of the application for which information can be shared
 - check off the type of information you authorize to be disclosed (if you check off “other”, outline the information you want disclosed in writing)
 - the full legal name of your representative (the person you are authorizing to have access to your information) and their address
 - your relationship to the representative (for example, spouse, partner, parent, immigration lawyer, consultant, recruiter, counselor, translator etc.).
3. Ensure you have provided all the information required on the form. If the form is not completed fully, Apprenticeship and Industry Training may not disclose the information requested.
4. Sign and date the form.
5. Make two copies of the form and distribute as follows:
 - submit the **original** to Apprenticeship and Industry Training by **mail to**:
 - International and Provincial Assessment Services, Apprenticeship and Industry Training, Alberta Advanced Education and Technology, 10th floor, Commerce Place, 10155 102 Street NW, Edmonton, Alberta T5J 4L5 Canada.
 - give a copy to your authorized representative
 - keep a copy for yourself.

Who do I contact for help with completing this form?

You may contact Policy, Research and Board Support, Apprenticeship and Industry Training, Advanced Education and Technology in Edmonton at (780) 427-8765 or toll-free in Alberta by calling 310-0000 and asking for (780) 427-8765.

CONSENT TO DISCLOSE PERSONAL INFORMATION QUALIFICATION CERTIFICATE PROGRAM

The collection, use and disclosure of your personal information is done under the authority of section 33(c) of the **Freedom of Information and Protection of Privacy Act**, R.S.A. 2000, c. F-25 and is managed in accordance with that Act.

Your written consent enables Alberta Advanced Education and Technology to disclose your personal information to an authorized individual (your representative). If you have any questions about this, you may call the Director, Policy, Research and Board Support, Apprenticeship and Industry Training, Advanced Education and Technology in Edmonton at (780) 427-8765 or toll-free in Alberta by calling 310-0000 and asking for (780) 427-8765.

Last name

Middle name

First name

I, (full legal name) _____,

(date of birth – YYYY/MM/DD) _____,

(address) _____ City\Province _____ Country _____,

(telephone number) _____,

Apprenticeship and Industry Training identification number (if available) _____ authorize Alberta Advanced Education and Technology to disclose the following personal information respecting my application for an Alberta trade certificate under the Qualification Certificate Program dated (YYYY/MM/DD) _____ in the trade of _____.

Check all that apply

- Status of my application, including approval or cancellation
- Results of the review of my application, including verification of my work experience
- Examination schedule, results and any subsequent requirements with regards to examinations
- Training plan and/or training completion report, whether accepted or denied
- Other (specify) _____

This information is to be provided only to my representative:

Full legal name of representative: _____

Address: _____

My relationship to representative: _____

The information disclosed will be used by my representative to assist me in matters related to the Qualification Certificate Program application noted above.

I understand that I am not obliged to consent to the release of information to my representative. I am also aware that my application will not be given special attention nor can I expect faster processing or a more favorable result because of this consent. I am aware that I may revoke my consent at any time by doing so in writing.

This consent is valid for 12 months from the date of signing.

By signing and submitting this **original** form, I consent to the release of information to my representative.

Signature of individual providing consent (sign in ink):	Date (YYYY/MM/DD):
Name of individual (print):	