

Consent to Indirect Collection and Disclosure of Personal Information

Manitoba Provincial Nominee Program

I _____ Date of Birth _____
Principal Applicant (Full Name – Family Name, Given Name(s)) yyyy / mm / dd

I _____ Date of Birth _____
Spouse (Full Name – Family Name, Given Name(s)) yyyy / mm / dd

of _____
Address

in the city/town of _____ country of _____

I consent to the Manitoba Labour and Immigration (“the Department”) indirectly collecting my personal information (including where reasonably necessary, personal health information), including information pertaining to our address, telephone number, birth dates, Social Insurance Numbers, country specific Personal Identification Numbers or Codes, marital status, education employment, income, assets, liabilities, benefits received under government programs or any other personal information the Department concludes is required to verify any information provided with respect to my application under the Manitoba Provincial Nominee Program (“the Program”) or to otherwise assess my suitability under the Program and for the purpose of locating me (pre- and post landing) to determine Program effectiveness and for the purpose of contacting me regarding evaluating the Program and my participation in it.

I consent to the Department collecting this information from any federal, provincial, municipal or other local authority (such as Canada Revenue Agency, Canada Border Security Agency, Immigration, Refugees and Citizenship Canada, Employment and Social Development Canada, Manitoba Families, and Manitoba Health, Seniors and Active Living), any financial institution, or any other person, department, agency or organization of any nature holding such information in Canada or any foreign jurisdiction.

I consent to the disclosure of this information by these persons, departments, agencies and organizations to the Department and the Department disclosing to these persons, departments, agencies or organizations such personal information as may be necessary to obtain the information required by the Department for the Program.

I also consent to my personal information being disclosed to agencies that provide employment, settlement and integration services in Manitoba, and for this information to be exchanged between these agencies as required, for them to provide me with services. Such services would include but not be limited to pre-arrival information, pre-arrival English training, individual labour market support, post-landing registration and referral services.

For the purpose of locating me, I consent to the Department obtaining my address and contact information from any source, including those listed above, and including Manitoba Health or any health department or similar health authority or the Manitoba Public Insurance Corporation or any similar registrar of motor vehicle and driver licensing authority in any Province of Canada and consent to any such organizations disclosing that information to the Department.

I agree this consent applies to my personal information as well as the personal information of any of my children who are covered by my application.

I understand the Department may use third party service providers, including service providers in my country of origin, to verify information and provide an assessment regarding the accuracy and completeness of the information I provide to the Program and consent to the Department's use of any such service providers in its sole discretion.

I understand that where the Department concludes an application might be based on false information, might be fraudulent, or might be criminal, that it has the authority to investigate further and to collect and disclose my personal information for that purpose even if I withdraw my application under the Program.

The collection, use and sharing of personal information is protected by the *Personal Information Protection and Electronic Documents Act of Canada (PIPEDA)*, *The Freedom of Information and Protection of Privacy Act (FIPPA)*, as well as an agreement between the Government of Manitoba (Education and Training) and Manitoba Start. As the Program funder, the Department can also access information if required for Program monitoring, evaluation and reporting purposes.

Questions about privacy of personal information can be answered by contacting the Access and Privacy Coordinator, Manitoba Labour and Immigration, 5th floor-213 Notre Dame Avenue, Winnipeg, Manitoba R3B 1N3 or (204) 945-4889.

Signature of Principal Applicant

Witness

Signature of Spouse

Witness

Signed at: _____
City/Town and Country

Date: _____
yyyy / mm / dd