

Summer Employment Program for Students

STUDENT CONTACT AND CONSENT FORM

LaMPSS Agreement # _____

Employer Name: _____

Location of Employment: _____

Position Title: _____

Employment Start Date: _____

Employment End Date: _____

Student Name: _____

Email: _____

Mailing Address: _____

City/Town: _____

Postal Code: _____

Telephone: _____

Date of Birth: _____

SIN: _____ Gender Identity: _____

Current High School Grade: _____ OR Post-Secondary Program attending in September 2025 _____

Are you related to the employer? _____ If "yes", please specify relationship: _____

Are you a Canadian Citizen or legally entitled to work in Canada? Yes No

	Yes	No	Prefer Not to Report
Do you identify as a Visible Minority?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you identify as an Immigrant?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, year?
Do you identify as Indigenous?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a Disability?	<input type="checkbox"/>	<input type="checkbox"/>	

Marital Status: Married/equivalent Single Prefer not to report / Dependents? No Yes, please enter #

Federal Official Language of Choice: English French Not a federal official language

Highest Level of Education: Less than high school High school diploma or GED

Some post-secondary College or other non-university certificate, diploma, or degree

University certificate or diploma University degree Other Prefer not to report

Consent - Collection, Use and Disclosure

Collection: Personal information provided with your intake form / application for funding is collected under authority of the **Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015)**, **Employment Insurance Act, Income and Employment Support Act and Regulations**, and will only be used for the administration of the service or benefit for which you are applying or for a consistent purpose under section 69 of **ATIPPA, 2015**.

Use: The personal information collected will only be used and/or disclosed in accordance with **ATIPPA, 2015**. Such uses may include: determining services appropriate to the needs of the client, determining eligibility for programs and funding, ensuring compliance with funding agreement terms, case management, tracking progress during an agreement including post funding assessment of outcomes as per the information sharing agreement referenced between the Government of Canada and the Government of Newfoundland and Labrador funded by the Department of Immigration, Population Growth and Skills and to provide statistical information to agencies providing funding support to the services offered.

Disclosure: The personal information provided may be exchanged and released to any person, agency or government departments, such as Immigration, Population Growth and Skills; Children, Seniors and Social Development; and Health and Community Services, service provider organizations or training institution that is administering the program, service or benefit. This information may include: contact information, employment plan, eligibility for employment insurance benefits, marks, attendance and proof of financial payments to the training institution. The personal information provided may also be shared with the Government of Canada and the Canada Revenue Agency in keeping with the data-sharing provisions outlined in agreements between the Government of Newfoundland and Labrador and the Government of Canada.

Access to Information and Protection of Privacy Act, 2015: Under **ATIPPA, 2015** personal information is protected in accordance with section 64.1; you have the right to access your personal information protected in accordance with section 8.1; and you have the right to request the correction of your personal information protected in accordance with section 10.1 if there has been an error or omission. You have the right to withdraw this consent at any time by contacting the Department of Immigration, Population Growth and Skills.

If you have any questions regarding how your personal information is collected or used, you may contact the ATIPP Coordinator of the Department of Immigration, Population Growth and Skills. A listing of all departmental coordinators and their contact information can be found at: <https://www.gov.nl.ca/atipp/coordinators/>

Client Consent: I, (print name) _____ acknowledge that I have read and understand the above information regarding the collection, use and disclosure of my personal information.

Parent, Guardian or Trustee Consent: I, (print name) _____ (Parent, Guardian or Trustee) acknowledge that I have read and understand the above information regarding the collection, use and disclosure of information regarding my dependent. Print name of dependent: _____.

Signature of Client

Date (dd/mm/yyyy)

Signature of Parent, Guardian or Trustee

Date (dd/mm/yyyy)