



Research Branch
 Horticultural Research and Development Centre
 430, Gouin Blvd, Saint-Jean-sur-Richelieu (Quebec), J3B 3E6
 Telephone : (450) 346-4494 ext.182
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CAREER FOCUS PROGRAM

CONSENT TO DISCLOSURE OF INFORMATION MINISTRY (1)

I, _____ (insert name of Eligible Participant), hereby consent to the disclosure of the following personal information relating to your participation in the Career Focus Program to Agriculture and Agri-Food Canada (AAFC) and any other federal government department or agency and acknowledge and agree that AAFC and any other such federal government department or agency may use this information for their programs, activities and responsibilities:

PARTICIPANT INFORMATION											
Name		Date of Birth/Age	Social Insurance Number								
Address		Telephone Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female								
		Postal Code	Educational Attainment								
Equity Group Status <input type="checkbox"/> Person With a Disability <input type="checkbox"/> Visible Minority <input type="checkbox"/> Women <input type="checkbox"/> Native			Spoken Language								
Date of Assessment	Program Name										
Start Date for Participation in Intervention		End Date for Participation in Intervention									
Intervention Outcome <input type="checkbox"/> Employed <input type="checkbox"/> Returned to School <input type="checkbox"/> Unemployed											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Signature of Eligible Participant</td> <td style="text-align: center;">Signature of Witness</td> </tr> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Date</td> </tr> </table>				_____	_____	Signature of Eligible Participant	Signature of Witness	_____	_____	Date	Date
_____	_____										
Signature of Eligible Participant	Signature of Witness										
_____	_____										
Date	Date										

N.B. The acceptance of the consent must be indicated appropriately and this Consent to Disclosure must be signed and returned to the Minister.