

Notice to Third Party: Authorization for Collection and Use of Personal Information

Freedom of Information and Privacy Protection Act (FOIPPA)

This information is being collected in accordance with section 27(1)(a)(i) of the Freedom of Information and Protection of Privacy Act and will be subject to the protection provisions of that Act. Questions about the collection of this information can be directed to the Director, Policy and Research Branch, BC Public Service Agency, PO BOX 9404, Victoria, BC, V8W 9V1, (250) 952-6000.

Submission Instructions:

1. Employee complete PART 1 and send to Third Party
2. Third Party to review PART 1 and complete PART 2
3. Third Party to send completed form back to Employee
4. Employee to attach completed form to Conflict of Interest Disclosure Form section 3

PART 1 - EMPLOYEE

This form is to provide authorization for the collection and use of personal information in a Conflict of Interest Disclosure being made by _____.

The information provided in the Employee Disclosure Statement will be collected by the employer of the employee for the purpose of assessing whether the circumstance disclosed in the statement constitutes a conflict of interest. In making their disclosure, the employee has determined that they must disclose your personal information contained in the Employee Disclosure Statement as it is directly related and necessary to assess whether a conflict of interest exists.

Disclosing and managing conflicts of interest is a requirement of public service employment and is a requirement of the Standards of Conduct and the Public Service Oath for the purposes of maintaining public trust. Once a conflict of interest matter is resolved, this form will be included on the employee's personnel file held by the BC Public Service Agency.

Employee Disclosure Statement containing Third Party information:

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Employee Disclosure Statement containing Third Party information (continued):

PART 2 - THIRD PARTY

By authorizing the indirect collection of my personal information contained in the above Employee Disclosure Statement, I agree that I have reviewed and authorize the collection of this information for the purpose of assessing whether a conflict of interests exists for the employee named above.

Third Party name:

Third Party preferred contact information
(email, phone, etc.):

Signature of Third Party:

Date (MM/DD/YYYY):