

The collection, use and disclosure of personal information by the Ministry of Social Development (MSD) is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. You have the right to the protection of your personal information. You also have the right to make a complaint if you believe your personal information is not being collected, used or disclosed appropriately. If you have questions or concerns about the collection, use and/or disclosure of your personal information, contact your local Employment and Assistance Office.

I, _____ hereby give permission as detailed below to the B.C. Ministry of Social Development to use my personal information from this interview (date) _____ (YYYY MMM DD) about my participation in _____ (Name of Program(s)) program(s), to help publicize Ministry of Social Development programs.

I understand my personal information and photograph may be used in brochures, newsletters, fact sheets, news articles, posters, audio or visual materials, on the MSD Internet and Intranet, or in other printed materials. Information provided may be used only in these ministry-produced publications.

I want the Ministry of Housing and Social Development to (must check those that apply):

- | | |
|--|--|
| <input type="checkbox"/> Change my name | <input type="checkbox"/> Use my full name |
| <input type="checkbox"/> Use my first name only | <input type="checkbox"/> Use my last name only |
| <input type="checkbox"/> Use the photos taken | <input type="checkbox"/> Use the photo I have provided |
| <input type="checkbox"/> Allow me to approve this use before publication | <input type="checkbox"/> Change any details that identify me |

I do not want my personal information used in/for _____

If children under the age of 13 are included in the story or photograph(s), I confirm that:

- I am a custodial parent of the child or children in the information and/or photos.
- I want the Ministry of Social Development to use the photos of my children.

(Any child or children 13 years of age or older must complete a separate consent form.)

| | |
|------------------|--------------------|
| Client Signature | Date (YYYY MMM DD) |
|------------------|--------------------|

INFORMATION BELOW THIS LINE NOT FOR PUBLICATION

Client:

| | | |
|---------------------|-------|---|
| Name (Please Print) | Phone | Expiry date (not to exceed one year beyond signing date): (YYYY MMM DD) |
|---------------------|-------|---|

Ministry Representative/Contractor:

| | | |
|------|-----------|-------|
| Name | Signature | Phone |
|------|-----------|-------|