



# CONSENT FOR RELEASE OF INFORMATION EMPLOYMENT PROGRAM FOR PERSONS WITH DISABILITIES (EPPD)

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your local Employment and Assistance Office.

NAME OF APPLICANT / PARTICIPANT	BIRTHDATE OF APPLICANT (YYYY MM DD)
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I acknowledge that the Ministry of Social Development and Social Innovation (SDSI) and \_\_\_\_\_ may need to collect, use, and

\_\_\_\_\_ EPPD Contractor

disclose my personal information for the following purposes:

- to determine whether I am eligible for the Employment Program for Persons with Disabilities (EPPD);
- to determine what EPPD services are appropriate for me; and
- to provide EPPD services to me.

For the purposes above, I consent to SDSI and \_\_\_\_\_

\_\_\_\_\_ EPPD Contractor

- collecting from \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_  
Information Source Information Source
- using; and
- disclosing to \_\_\_\_\_ and \_\_\_\_\_,  
Information User Information User

the document(s) and other information listed below:

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Signature of Applicant / Participant	Date (YYYY MM DD)
Signature of Witness	Date (YYYY MM DD)