

EXPLANATION OF INFORMATION COLLECTED FOR PARTICIPATION IN QUIT SMOKING NOW!

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 Centre.

I, _____ understand that the information I am providing will only be used for the purposes of my participation in the Quit Smoking Now! pilot program.

This may include: determining my ongoing eligibility; providing a delivery address to the Product Distribution Centre for Nicotine Replacement Therapy(ies); follow up program evaluation.

This information will be retained by the Ministry of Social Development for no more than six months at which time it will be destroyed.

I understand why this information is being collected, for what purposes, to whom it will be provided and how long it will be kept.

Signature	Please Print	Date (YYYY MMM DD)
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