



SR Number:

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.

Purpose:

The Ministry of Social Development and Poverty Reduction would like to know if you are an Aboriginal person so the information can be used for the following purposes:

- to create programs and services better designed to meet the needs of Aboriginal persons and respect Aboriginal culture;
to refer Aboriginal persons to programs and services better designed to meet their needs; and
to determine how well ministry programs assist Aboriginal persons to find and keep jobs.

Completion of this form is optional and does not affect your eligibility for BC Employment and Assistance.

I agree to complete this form: Applicant: [ ] YES [ ] NO Spouse: [ ] YES [ ] NO

Table with 3 columns: Question, APPLICANT, SPOUSE. Contains 3 rows of identification questions.

Consent

I give permission to the Ministry of Social Development and Poverty Reduction to collect, use and disclose personal information about my Aboriginal status for the purposes described above.

Form with fields for Applicant Name, Signature, Dated, Spouse Name, Signature, Date.