The information collected on this form is for confirmation that you received your stipend. **The information on this form will in no way be connected to the opinions you have provided as part of your participation in the [Name of project] project.**

|  |  |
| --- | --- |
| Date of Session: |  |
| Location of Session (city/town): |  |
| Ministry Project Number: |  |
| Name of Researcher: |  |
| Signature of Researcher: |  |
| Type of Gift Card: |  |
| Value of Gift Card: |  |
| Serial Number of Gift Card: |  |
| Full Legal Name of Participant: (Please Print) |  |
| Address of Participant: |  |
| Signature of Participant: |  |

Your information is being collected under section 26(c) of the *Freedom of Information and Protection of Privacy Act*.

If you have any questions about the collection of your personal information please contact:

[Researcher Contact Name]

[Branch and Ministry Name]

[Mailing Address]

[Phone number] [Email]