

Collection Notice

Personal information collected on this form is collected under the authority of sections 26 (c) and (e) of the Freedom of Information and Protection of Privacy Act (FOIPPA) and is subject to all the provisions of that Act. The personal information collected will be used by the Ministry of Social Development and Poverty Reduction to administer and evaluate the effectiveness of the Work Experience Opportunities Grant program. If you have any questions about the collection of your personal information, please contact the Records clerk of the Employment and Labour Market Services Division, Ministry of Social Development and Poverty Reduction at WorkBCOESprivacy@gov.bc.ca.

Application ID or Organization Name* Please provide the 10 or 15 character ID or the Organization Name.

First Name *

Last Name *

Date of birth *

Email *

Address 1 * Street address, P.O. box, c/o

Address 2 Apartment, suite, unit, building, floor, etc.

Approximately how many hours per week will you participate in work experience: *

Approximately 10 hours per week

Approximately 20 hours per week

Estimated start date of your work experience: *

For All Participants

By signing below, you:

- Confirm that the information you have provided on this form is true and accurate to the best of your knowledge; and
- Provide your consent for SDPR to disclose your personal information to, and collect your personal information from, the BC Aboriginal Network on Disability Society for that purpose.

Signature *
