

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

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**First Name \***

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**Last Name \***

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**Date of birth \***

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**Email \***

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

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

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## **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 of the provisions of that Act. The personal information collected may be used by the Ministry of Social Development and Poverty Reduction, its service providers and associates of those service providers to verify your eligibility to participate in the Work Experience Opportunities Grant program and to administer and evaluate the effectiveness of Grants. If you have any questions about the collection, use or disclosure 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](mailto:WorkBCOESprivacy@gov.bc.ca).

**Signature \***

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