



CONSENT FORM

IDENTIFICATION		
Client		
Address		
City	Province	Postal Code
Telephone		Date of Birth
Social Insurance Number		Email:

I hereby authorise the FNHRDCQ¹ (LFNC², USC³) to build a file on my person and to collect the information relevant to my file.

I authorize the FNHRDCQ (LFNC, USC) to disclose this information to third parties, particularly the Band Council, Local Employment Centre (*CLE*) and Training Centre or the FNQLEDC⁴ so that it may be used to establish my file or analyze my application.

The FNHRDCQ may use this information for specific purposes of verification, compilation, analysis or statistics, on the condition that its use does not undermine my reputation or privacy.

I declare that the information given is correct in every aspect, and understand that it may be verified by the FNHRDCQ or its representative.

Signature of client

Date

¹ First Nations Human Resources Development Commission of Quebec

² Local First Nations Commission

³ Urban Service Center

⁴ First Nations of Quebec and Labrador Economic Development Commission