



Registration & Consent Form

Course Name: _____

Course Date(s): _____

(office use only) Course #: _____

Personal Information: (Please print legibly)

First Name: _____

Middle Name: _____

Last Name: _____

Email: _____

Home Address: _____

(Street)

(City)

(Province and Postal Code)

Phone #: _____

Date of Birth: _____

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**Consent to Release Information to Employer**

I hereby consent to allowing Vancouver Island Emergency Response Academy to release to my employer my test results, Statement or Certificate of Course Completion and verification of attendance in connection with this course. I understand that my consent is required prior to release of the specified information.

Employer's Name: \_\_\_\_\_

Employer Contact: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

(Street)

(City)

(Province and Postal Code)

x

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Emergency Contact Information

Name: _____

Number: _____

This form must be filled out for each course an individual takes to ensure all contact information and authorizations are current and up-to-date.

"Freedom of Information and Protection of Privacy Act (FOIPPA) Information collected on this form is done so under the general authority of the Community Charter and FOIPPA, and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. Questions about the collection of your personal information may be referred to the City of Nanaimo Legislative Services Department at (250) 755-4405, or via email at foi@nanaimo.ca."