



Temporary Deployment – Family Contact Form

PRIVACY CODE

Personal information is collected on a voluntary basis by the Canadian Forces Morale and Welfare Services (CFMWS), pursuant to the *National Defence Act*. Your name, deployment information, family support persons personal information, communication preferences and dependants' personal information will be collected via this form, managed by MFS Moose Jaw, located in Moose Jaw, SK, Canada.

The information will be used to provide deployment supports and resources. If you choose not to provide your personal information, your family support person will not be contacted regarding deployment supports and resources. The information may also be used for program evaluation and reporting purposes.

Personal information is protected, and is only used and disclosed by CFMWS in accordance with the *Privacy Act*, as described in personal information bank(s) Public Communications (PSU 914). Under the Act, individuals have rights of access to, and correction of their personal information, and the right to file a complaint to the Privacy Commissioner of Canada regarding the institution's handling of personal information.

If you require clarification about this statement, contact the CFMWS privacy coordinator at ATIP.AIPRP@cfmws.com. For more information on the *Privacy Act*, consult the Office of the Privacy Commissioner of Canada.

Signed:

Date:

MEMBER'S INFORMATION

Rank: Last Name: First Name:

Unit: Regular Force
 Reservist

Deployment Location:

Start Date: End Date:

FAMILY SUPPORT PERSON'S INFORMATION

Last Name: First Name:

Address:

City: Province: Postal Code:

Phone: Email Address:

Relationship to Member:

Spouse Mother Father Other:

DEPENDANT(S) INFORMATION

Name	Age	Additional Info

COMMUNICATIONS

How would your family support person like to receive communication from MFS?

Events & Service Updates

Our monthly newsletter contains info about upcoming events, programs, and new/updated services.

Check-In Communications

Periodic messages from MFS staff to check in and offer additional support etc.

DO NOT CONTACT

By checking this box, you confirm your family support person will not be contacted under any circumstance.

You can change your preferences or unsubscribe at any time.

Primary Language Used at Home:

Preferred Method of Communication:

English

Phone

French

Email

Other: _____

Other: _____