

# General Information Form - Under 18

## PARTICIPANT INFORMATION

<b>First Name</b>	<b>Last Name</b>	<b>Pronouns</b>
<b>Relationship to Military/Veteran Member</b>		
<b>Preferred Language</b>		
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual EN/FR		
<b>Date of Birth (YYYY/MM/DD )</b>		
<b>How did you hear about this program/service? (Please only choose one option)</b>		
<input type="checkbox"/> Social Media <input type="checkbox"/> MFRC Staff Member <input type="checkbox"/> Website <input type="checkbox"/> MFRC E-newsletter <input type="checkbox"/> MFRC Booth/Presentation <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Community Guide/Flyer/Poster <input type="checkbox"/> School <input type="checkbox"/> Base/Unit/Wing <input type="checkbox"/> Clearing In/Out Process <input type="checkbox"/> DAG Process <input type="checkbox"/> Other Organization (please specify): _____ <input type="checkbox"/> Other (please specify): _____		

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# General Information Form - Under 18

## MILITARY/VETERAN PARENT/GUARDIAN MEMBER INFORMATION

<b>First Name</b>	<b>Last Name</b>	<b>Pronouns</b>
<b>Unit</b>	<b>Unique Membership Number (Last 3 Digits of Services Number)</b>	
<input type="checkbox"/> Regular Member <input type="checkbox"/> Reserve Member <input type="checkbox"/> Veteran		
<b>Preferred Language</b>		
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual EN/FR		
<b>Personal Email Address</b>	<b>Primary Phone</b>	<b>Secondary Phone</b>
<b>Preferred Method of Contact</b>		
<input type="checkbox"/> Email <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone              Can we leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Mailing Address (Street, City, Province, Postal Code)</b>		

## OTHER PARENT/GUARDIAN INFORMATION

<b>First Name</b>	<b>Last Name</b>	<b>Pronouns</b>
<b>Preferred Language</b>		
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual EN/FR		
<b>Personal Email Address</b>	<b>Primary Phone</b>	<b>Secondary Phone</b>
<b>Preferred Method of Contact</b>		
<input type="checkbox"/> Email <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone              Can we leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Mailing Address (Street, City, Province, Postal Code)</b>		
<input type="checkbox"/> Same as member (if different from member, please fill in the address below)		
<b>If you are also a CAF Member</b>		
<b>Unit</b>	<b>Unique Membership Number (Last 3 Digits of Services Number)</b>	
<input type="checkbox"/> Regular Member <input type="checkbox"/> Reserve Member <input type="checkbox"/> Veteran		

# Privacy Notice & Consent Statement

**All information and communications gathered is considered confidential and private. The Edmonton Military Family Resource Centre (MFRC) will take all possible safeguards to protect client information.**

Personal information is collected pursuant to sections 2 and 38 – 41 of the *National Defence Act*. The information is used to administer the Military Family Services Program and the Veteran Family Program, which are managed by the Military Family Services (MFS), a division of the Canadian Forces Morale and Welfare Services (CFMWS) through local MFRCs. The personal information may include name, contact information, biographical information, date of birth (when required), identification number (partial military ID), physical attributes, signature, services provided during contact, opinions and views of, or about individuals.

The information may be used by the MFRC and/or MFS for reporting, audit, evaluation, and statistical purposes. In accordance with the memorandum of understanding between CFMWS and Veterans Affairs Canada (VAC), VFP user statistics will be provided to VAC for reporting on program performance indicators to Treasury Board of Canada Secretariat (TBS). Information is stored in Canada in a cloud-based case management system provided by Athena Software (service provider). Case file information may be transferred to a MFRC with the written consent of the individual. Information may also be used or disclosed for program mailing and outreach purposes.

**In accordance with applicable laws, information may be disclosed in the following circumstances:**

- **Child protection** – when the MFRC becomes aware of harm or potential harm to a child, it is required by law to report this to the local child welfare agency
- **Harm to self or others** – Professional Codes of Ethics and standards of Practice bind the MFRC to notify the proper authorities if there is a reason to believe that there is potential for the client to harm themselves or others
- **Testimony in court** – There are times when the MFRC may be requested by a court of law to disclose information obtained during sessions, under the above noted items

**Personal information is protected, and only used and disclosed in accordance with the provisions of the *Privacy Act* (and other provincial/territorial privacy legislation applicable to the MFRC), as described above** and in personal information bank CFMWS PPU 825 Military Family Services Program / Veteran Family Program. Under the *Privacy 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 our privacy coordinator at [ATIP.AIPRP@cfmws.com](mailto:ATIP.AIPRP@cfmws.com). For more information on the Privacy Act, consult the [Office of the Privacy Commissioner of Canada](#).

**By signing below, I certify that I understand and consent to the collection, use and disclosure of my personal information as stated above.**

\_\_\_\_\_  
Participant(s) Name(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian