Consent Form for Use and Disclosure of Student Applicant Information

Applicant Name:_____ Student Number: _____

Educational Institution and Program: _____

Permission to Release Educational Program Status & Placement History to a Potential Employer

By signing this consent, you authorize_____(the "Potential Employer") to:

- Inform the Placing Coordinator for your Educational Program noted above that you have applied for employment with the Potential Employer, so that your Educational Program may:
    - Release to the Potential Employer a summary of your practice education (placement) history as entered into HSPnet during your current Educational Program;
    - Provide confirmation that you are an active student, in good academic standing, of the Educational Program;
    - Provide confirmation of your estimated/known graduation date.
- Inform your Educational Program if your application results in employment with us, for the purpose of evaluating Educational Program outcomes and recruitment results of student/graduates.

1. Consent Period

This consent is effective immediately and shall remain valid for up to six years after successful employment with the potential employer, or shall be voided upon your written request as described below.

2. Your Rights With Respect to This Consent

2.1 Right to Refuse Consent - You have the right to refuse to sign this consent, and if you refuse your employment application will be processed manually at the earliest convenience of potential employer.

2.2 Right to Review the HSPnet Privacy & Security Policies - A copy of the document entitled *Identified Purposes and Handling of Staff Applicant Information in HSPnet*, which summarizes Privacy and Security policies relating to how we may access your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies before signing this consent form. The Privacy and Security Policies may be amended from time to time, and you may obtain an up-to-date copy by visiting the HSPnet Knowledge Base.

2.3 Right to Revoke Consent - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the Potential Employer or to your Educational Program. Note that your revocation of this consent would not be retroactive and would not affect collection, use or disclosure of your personal information that had already occurred according to your prior consent.

2.4 Right to Receive a Copy of This Consent Form - You may request a copy of your signed consent form.

Collection of your personal information is done under the control of the privacy legislation that applies to educational institutions in your province.

I hereby authorize the Potential Employer to access my Educational Program Status and Placement History information in HSPnet to support consideration of my application for employment.

_____ _____

Signature of Applicant Date MMM/DD/YYYY