**Respite Contractor Consent Form**

**Statement of Purpose for the Collection, Use and Disclosure of the Personal Information Provided**

The information collected directly from you when applying to be listed as a Respite Contractor will be forwarded to respiteservices.com (hosted by the Cochrane Temiskaming Respite Network). By signing this consent form, you will be consenting to the collection, use and disclosure of personal information contained in the application form in accordance with the respiteservices.com Privacy Policy and the Terms of Use.

The information that you provide will be used for the following purposes:

* to determine your suitability for providing respite services to families;
* to facilitate the process of connecting you with a family in need of respite services;
* to send you information, documents or forms required to keep your information up-to-date; and
* for quality assurance purposes, including feedback on how effective and helpful our services have been, to
* allow us to improve our services

**Consent**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed and fully understood the Statement of Purpose for the Collection, Use, and Disclosure of Personal Information. I understand that I can refuse to provide consent. I also understand that at any time I can access and change my information or withdraw my consent by providing notice in writing to Cochrane Temiskaming Respite Network comprised of:

* Access Better Living Inc. Vie Indépendente et Enrichie
* Cochrane Temiskaming Children’s Treatment Centre, Centre de traitement pour enfants Cochrane
* Temiskaming
* Cochrane Temiskaming Resource Centre, Centre de Ressources de Cochrane Temiskaming
* Cochrane Temiskaming Extend-A-Family
* Intégration Communautaire Community Living Iroquois Falls
* Intégration Communautaire Community Living Kirkland Lake
* Intégration Communautaire Hearst Community Living
* Community Living Temiskaming South, Intégration Communautaire Temiskaming Sud
* Community Living Timmins Intégration Communautaire
* North Eastern Ontario Family and Children’s Services (Autism Section) Services à la famille et à l’enfance du Nord-Est de l’Ontario (Section d’autisme)
* Association pour l’Intégration Communautaire du Nord Est North East Association for Community Living

I authorize the collection, use, and disclosure of my personal information for all the purposes identified above.

Withholding Consent:

If there are there any restrictions regarding the collection, use, and disclosure of the information provided please provide the details below.

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

Signature of Respite Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_