

## Schedule "B"/CONSENT FORM

This form is to be completed in accordance with the following instructions before it can be signed.

I, \_\_\_\_\_, allow the Ministry of Citizenship and Immigration to use  
*print or type full name* *name of Ontario ministry/government agency*

check off all appropriate boxes (a to h)

- a)  my name
- b)  a description of me, including but not limited to my occupation/business, community involvement, etc.
- c)  a photograph of me
- d)  a videotape, an electronic or other image of me
- e)  a recording of my voice
- f)  a quotation or summary of my opinion that I expressed orally on \_\_\_\_\_  
*date*
- g)  quotation or summary of my opinion that I expressed in writing, including in an electronic medium on \_\_\_\_\_  
*date*
- h)  other - *specify* \_\_\_\_\_

for the uses described below, and for no other purpose:

check off all appropriate boxes (a to g)

- a)  advertising on television, radio, newspaper or other medium – *describe the purpose of the advertisement e.g. what government service or program does it promote, what medium will be used, etc.*  
\_\_\_\_\_  
\_\_\_\_\_
- b)  publication sent to some or all households or businesses – *list name of publication and which households or businesses are to receive it*  
\_\_\_\_\_
- c)  training video – *list name of training video and for what purpose it is to be produced*  
\_\_\_\_\_
- d)  communications materials (e.g. speeches, news releases, backgrounders) that may be released to the media
- e)  Web, Internet, Intranet based communications materials – *describe*  
The Ministry of Citizenship and Immigration website, media website, ChangeTheWorld facebook website
- f)  participation in an event where representatives of the media (television, radio, newspaper, etc.) may be present. I acknowledge that my image, name, voice, etc. may be used by the media
- g)  other - *specify* \_\_\_\_\_

Personal information collected pursuant to this form is collected in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act*. The information will be used for purposes described on this form and for no other purpose. If you have any questions about the collection, use or disclosure of this personal information, contact: \_\_\_\_\_

*Print name, title, phone and fax numbers as appropriate*

**By signing this form as indicated below, you also understand that the *Youth Criminal Justice Act* contains provisions which protect the privacy of young offenders, alleged young offenders, young persons who are victims of such offences, as well as young persons who may be witnesses to such offences. Under the *Youth Criminal Justice Act*, it is an offence to disclose the identity of these individuals, as well as information relating to the offences or alleged offences in which they are involved. Signing this form does not, in any way, permit the disclosure of such information.**

I acknowledge that the personal information referred to above was provided freely and voluntarily.

By signing this form, I agree to release the government of Ontario and its representatives from any claim or liability that may arise out of the use or disclosure of the information collected on this form.

I have read this form after it was completed and I understand its contents. I hereby give my consent as follows:

*Signatures are to be affixed in the appropriate space provided below:*

**To be signed by the individual named above where he or she is eighteen (18) years of age or over:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**To be signed by a parent or legally appointed guardian of individuals under the age of eighteen (18):**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**To be signed by a legally appointed guardian of individuals who cannot provide their informed consent:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*