

TRAINING PROVIDER RECORD REQUEST

REQUEST # _____

(To be filled out by SkilledTradesBC only)

This form is for training providers who want to request to access records held at SkilledTradesBC. Complete the form and email it to recordrequest@skilledtradesbc.ca, or mail or fax it to SkilledTradesBC. Please ensure you sign the form prior to submitting it.

1 TRAINING PROVIDER CONTACT INFORMATION (TO BE COMPLETED BY TRAINING PROVIDER)

Training Provider Name*	Contact First Name*	Contact Last Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Title*	Address*	
<input type="text"/>	<input type="text"/>	
City*	Province*	Postal Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number*	Secondary Phone Number	Email Address*
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 RECORD REQUEST DETAILS

1) Is there a current Information Sharing Agreement (ISA) between your organization and SkilledTradesBC?

NO (contact SkilledTradesBC for information on an ISA) Yes. The current ISA expires on _____
Date (MM/DD/YYYY)

2) Please provide a detailed and specific description of the record you are requesting (e.g., type of information, date(s), report, etc.).

3) If requesting records with personal information, please provide the purpose for requesting this information.

Record Request Start Date (MM/DD/YYYY)	Record Request End Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
If the record is a request for data, please select an output format:	Please select a delivery method for your request.
<input type="checkbox"/> Excel <input type="checkbox"/> CSV <input type="checkbox"/> PDF	<input type="checkbox"/> Mail <input type="checkbox"/> Email

3 SIGNATURE

Personal information contained in this form is collected under B.C.'s *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request. If you have any questions about the collection, use or disclosure of this information, please email recordrequest@skilledtradesbc.ca.

Training Provider Contact Signature*

Training Provider Contact Printed Full Name*

Date: (MM/DD/YYYY)*

INFORMATION REQUEST ASSESSMENT (TO BE COMPLETED BY SkilledTradesBC)

Information Request Assessment

- 1) List the provisions under the *Freedom of Information and Protection of Privacy Act* that enable the collection, use and disclosure of personal information.

Section	Section Summary

- 2) Restrictions on use of information. Specify what information can be disclosed and, if applicable, the region.

- 3) Specify the time frame the applicant can receive and retain the information:

From: (MM/DD/YYYY)

To: (MM/DD/YYYY)

- 4) Indicate how the personal information is to be managed after the above time frame:

Destroyed in a secure manner Returned to SkilledTradesBC Other, as follows: _____

AUTHORIZATION

SkilledTradesBC Privacy Officer Signature

SkilledTradesBC Privacy Officer Full Name

Date: (MM/DD/YYYY)*