INTAKE CONSENT FORM

CONSENT FOR THE COLLECTION USE AND DISCLOSURE OF INFORMATION

|  |  |
| --- | --- |
| Legal First Name: | Middle Name(s): |
| Last Name: | Student #: |
| Date of Birth (dd/mm/yyyy): |  |

Notice of Collection

Georgian College is compliant with the *Freedom of Information and Protection of Privacy Act* *R.S.O 1990*, and the *Personal Health Information Protection Act*, *S.O 2004*. We endeavour to protect your personal information in accordance with these laws. The staff of Student Success Services at Georgian College treats your information with the utmost respect, privacy and confidentiality. The personal information that we collect from you is collected under the legal authority of the *Ontario Colleges of Applied Arts and Technology Act, S.O 2002*, and in accordance with Sections 38(2) and 41(1) of FIPPA. Your personal information provided will not be used for any purposes other than for the purpose of providing adaptive technology, counselling, disability, learning strategy, and peer services to clients, and for statistical reporting and related purposes. Student Success Services work as a team. As such members of the team (including Adaptive Technologists, Counselors, Case Manager, Accessibility Advisors, Learning Strategists, Peer Services Advisors, and supervisors) may have access to relevant information in the file on a need to know basis, providing you with the best possible student success services.

Disclosure of Personal Information

The staff at Student Success Services takes your privacy very seriously. The information you share with us will only be shared among the Student Success Services staff if necessary, unless you provide express consent to share your information with others. For specific releases of information you will be asked to fill out “*Consent to Release and Exchange Information* “form*.*

How did you hear about our services?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Testing Services |  |  | Faculty |  |  | SAC |
|  | Program Coordinator |  |  | Registrar |  |  | External Agency |
|  | Financial Aid |  |  | Website |  |  | Fellow Student |
|  | International Centre |  |  | Campus Connections |  |  | Other: |

**OVER**

There are a very limited number of circumstances where we may be required by law to share your information without your prior consent. These include:

* Where we know or suspect there are children at risk of abuse
* Where there is a clear and imminent danger to you or other people
* When we are subpoenaed for records or testimony by the courts

If there are additional individuals with whom you would like your information to be shared please fill out a *Consent to Release and Exchange Information* Form*.* Once you have provided consent for the collection, use and disclosure of your personal information, you may revoke or limit your consent at any time; however in certain circumstances, revoking or limiting your consent could affect your eligibility for some services offered by Student Success.

By signing this form you are indicating that you have read the above information and that you fully understand the ways in which we will collect, use and share your information.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | | |
|  | *(Please Print)* | | |
|  |  |  |  |
| Student Signature: |  | Date: |  |
|  |  |  |  |
| Witness Name: |  | | |
|  | *(Please Print)* | | |
|  |  |  |  |
| Signature of Witness: |  | Date: |  |

**GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  | | **Last Name** | |  | | | | |
| **Birthdate** (mm/dd/yyyy) |  | | **Gender** | | | | ***Marital Status*** | |  |
| 🞏 F 🞏 M 🞏 *Identifies as:* | | | |
| **How did you hear about our department?** | |  | | | | | | | |
| **Current Phone #** |  OK to leave message | | | **Alternate Phone #** | |  | |  OK to leave message | |
| **School Email** |  | | |  | |  | |  Permission to Contact | |
| **Alternate Email** |  | | |  | |  | |  Permission to Contact | |

**ADDRESS INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address While in School** |  | | | **Unit/Suite** |  |
| **City** |  | **Province** |  | **Postal Code** |  |
| 🞏 *Living on Campus* | | | | | |

**EMERGENCY CONTACT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Cell Phone** |  |
| **Relationship** |  | **Phone** |  |
| *Permission to Contact* 🞏 | | | |

**DEMOGRAPHIC INFO**

|  |  |  |
| --- | --- | --- |
| 🞏 First Nation/Inuit/Metis  🞏 International Student  🞏 LGBTQ  🞏 Newcomer (under 3 years) | **Languages Spoken:**  🞏 English  🞏 French  🞏 Other (please specify): | **Place of Birth?**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**ACADEMIC INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program** |  | **Semester** |  | **Campus** |  |
| **Status:** | 🞏 Full time  🞏 Part time  🞏 Reduced Course Load | 🞏 Alumni  🞏 Prospective  🞏 Second Career | | 🞏 Other | |
| *International Student* 🞏 | | | | | |

**COLLEGE SERVICES YOU ARE CURRENTLY ACCESSING**

|  |  |  |
| --- | --- | --- |
| 🞏 Counsellor  🞏 Learning Strategist  🞏 Registrar  🞏 Adaptive Technologist  🞏 Career/Co-op  🞏Student Housing (Residence & Off-Campus) | 🞏 Athletic Centre  🞏 Case Manager  🞏 First Generation/Year/Pear Mentor  🞏 Peer Services  🞏 Academic Upgrading  🞏 SAC | 🞏 Accessibility Advisor  🞏 International Centre  🞏 Testing Services  🞏 Campus Safety & Security  🞏 Continuing Education  🞏 Aboriginal Resource Centre |

**COMPLETED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**