PROTECTED B when completed



Annual Update Form

MILITARY MEMBER

Signature: __

Service#:	Rank	Name		Li	ast Name			
No. Street			Apt#	City				
Prov Postal	Code		Email	Subscribe to the	monthly newsletter	·: Yes	s No	
Phones Cell			Home :					
Languages Spoken:	French	English						
Civil Status:	Single	Married	/Common L	aw				
Military Status :	Regular	Reserve						
Imposed Restriction: If yes, check box								
,	<u>.</u> <i>y</i>							
Unit:								
I have read the privacy notice and consent statement on the back, and I give my consent for myself and my dependent children: : Yes No								
FAMILY OR DEPENDANTS IN THE REGION								
Spouse		Ad	ult depend	dant Specify	:			
Name:			Last Name:					
Address: □Same / if different:								
Phone Cell			Home					
Languages Spoken	French	English	1					
Military Status :	Civilian	Regula Rank		ve Service Number				
Email Address								
	Subscribe th	is email to	the monthly	y newsletter:	Yes No			
Children								
Children First Name	 Last Nam	ie	Date of Bi dd/mm/y		French Er	ıglish	Lives with you	
Date of arrival of your family in the region:								
The above information								
as for statistical purposes. Being subject to the Privacy and Protection of Personal Information Policy, we assure you of strict confidentiality. You have the right to access your information at any time, request changes to it or request that your name be removed from our mailing list.								

Date: _____





PRIVACY NOTICE AND CONSENT STATEMENT

All information and communications gathered is considered confidential and private. The Military Family Resource Centre (MFRC) Montreal region will take all possible safeguards to protect client information.

Personal information is collected pursuant to sections 2 and 38 – 41 of the National Defence Act. The information is used to administer the Military Family Services Program and the Veteran Family Program, which are managed by the Military Family Services (MFS), a division of the Canadian Forces Morale and Welfare Services (CFMWS) through local MFRCs. The personal information may include name, contact information, biographical information, date of birth (when required), identification number (partial military ID), physical attributes, signature, services provided during contact, opinions and views of, or about individuals.

The information may be used by the MFRC and/or MFS for reporting, audit, evaluation, and statistical purposes. In accordance with the memorandum of understanding between CFMWS and Veterans Affairs Canada (VAC), VFP user statistics will be provided to VAC for reporting on program performance indicators to Treasury Board of Canada Secretariat (TBS). Information is stored in Canada in a cloud-based case management system provided by Athena Software (service provider). Case file information may be transferred to a MFRC with the written consent of the individual. Information may also be used or disclosed for program mailing and outreach purposes.

In accordance with applicable laws, information may be disclosed in the following circumstances:

- Child protection when the MFRC becomes aware of harm or potential harm to a child, it is required bylaw to report this to the local child welfare agency
- Harm to self or others Professional Codes of Ethics and standards of Practice bind the MFRC to notifythe
 proper authorities if there is a reason to believe that there is potential for the client to harmthemselves or
 others
- Testimony in court There are times when the MFRC may be requested by a court of law to discloseinformation obtained during sessions, under the above noted items

Personal information is protected, and only used and disclosed in accordance with the provisions of the Privacy Act (and other provincial/territorial privacy legislation applicable to the MFRC), as described above and in personal information bank CFMWS PPU 825 Military Family Services Program / Veteran Family Program. Under the Privacy Act, individuals have rights of access to and correction of their personal information, and the right to file a complaint to the Privacy Commissioner of Canada regarding the institution's handling of personal information.

If you require clarification about this statement, contact our privacy coordinator at ATIP.AIPRP@cfmws.com. For more information on the Privacy Act, consult the Office of the Privacy Commissioner of Canada.

By accepting and signing this form, I certify that I understand, and consent to the collection, use and disclosure of my personal information as stated above.