



## Aboriginal Self-Declaration Form

### How this Information is Being Used

This personal information is being collected to achieve recruitment goals under Opaskwayak Health Authority Personnel Policy - Job Posting & Selection – Priority Hiring. Information will be made available to the selection committee to support the screening & interview process. Once the process is complete your information will be destroyed.

### Voluntary Completion

Disclosure of this information & completion of this form is voluntary (optional).

### Declaration

For the purposes of Aboriginal Self-Declaration, Aboriginal peoples means persons who are **Indian, Inuit or Metis**. Based on this definition are you an Aboriginal person:

- Yes  
 No

For the purposes of Opaskwayak Health Authority – Priority Hiring are you:

- OCN employee (select all that apply)  
 OCN member

### Consent for Use & Disclosure

I understand that information collected on this form will not be used or disclosed for purposes other than those stated above (How this Information is being used) unless permitted by the Freedom of Information and Protection of Privacy Act (FIPPA) and Personal Information Protection & Electronic Documents Act.

Name  (Print Clearly)

Date

Signature

### Questions

*If you have any questions about the collection, use or disclosure of this personal information, contact our Privacy Officer at 204-627-7410.*