

CONSENT FORM – CODE OF ETHICAL CONDUCT

_____ Date

TO: _____ Member of the Legislative Assembly of Saskatchewan

FOR THE CONSITUTENCY OF: _____

CONSENT

I _____ of _____, _____, _____,
(Name) (Address) (City, Town) (Postal Code)

_____, _____, _____,
(Telephone # Home) (Cell #) (Email)

Saskatchewan consent to you or your staff, collecting or using my personal information and personal health information for the purpose of

and consent to you disclosing this information to another Member of the Legislative Assembly, Minister, their staff or caucus staff and (name of public body) _____ in confidence and consent to that Member of the Legislative Assembly, Minister, their staff or caucus staff or the above public body, collecting, using or disclosing my personal information or personal health information in relation to the above purpose without me giving further consent provided the information is kept confidential.

AND

Disclosing this information in the Legislative Assembly, to the public and the media and consent to any other Member of the Legislative Assembly, Minister of the Crown, their staff or caucus staff and (name of public body) _____, collecting, using or disclosing my personal information or personal health information in relation to the above purpose without me giving further consent.

Witness

Signature