

Consent and Declaration Form
Skilled Worker Streams
 New Brunswick Provincial Nominee Program (NBNP)



The principal applicant and spouse/common-law partner are each required to submit this form.

APPLICANT DETAILS	
Family name(s) exactly as shown on your passport or travel document	Date of Birth (yyyy-mm-dd)
First name(s) exactly as shown on your passport or travel document	Passport No. (if applicable)
Middle name(s) exactly as shown on your passport or travel document	Passport expiry date (if applicable)

Consent to collect, use and retain personal information

By signing below I, on behalf of myself and all dependents included in this application, authorize the Department of Post-Secondary Education, Training and Labour (The Department) to collect, use and retain personal information collected in the application as well as supporting documentation.

Personal information on this form is collected under the authority of the *Immigration and Refugee Protection Act*, SC 2001 c.27. The purpose of the collection is to process your application for the New Brunswick Provincial Nominee Program (NBNP). The information will be used:

- To verify the information I submit to the Department;
- To assess my eligibility as a Provincial Nominee Applicant;
- To monitor compliance with NBNP requirements; and
- For research, performance measurement, and/or evaluation of the Program.

If I am granted permanent resident status in Canada, I further consent to allow designated representatives of the Department to collect, use and retain personal information regarding my New Brunswick address(es), telephone number(s), email address(es), marital status, the last three digits of my Social Insurance Number (SIN), employment, business ownership, financial information (including business income, assets, liabilities, taxation, financial audits) and benefits received under provincial and federal government programs, and any other information and/or documents that will be used:

- To determine if I am economically established in New Brunswick,
- To monitor my compliance with Program requirements for operating a business in New Brunswick; and
- To contact me to participate in an evaluation of the NBNP.

If you have any questions about the collection and handling of personal information you may contact the Director of Immigration, Settlement and Multiculturalism Branch, Post-Secondary Education, Training and Labour (PETL) at 500 Beaverbrook Court, Suite 500, Fredericton, New Brunswick, Canada, E3B 5X4. Telephone: (506) 453-3981; Facsimile: (506) 444-6729; Email: immigration@qnb.ca; Website: www.welcomenb.ca.

Consent to be contacted by the Department

By signing below I, on behalf of myself and all dependents included in this application, authorize the Department, or an organization at the Department's request, to contact me in the future to ask about services received prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in New Brunswick (including settlement and integration). The Department will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes as it relates directly to and is necessary for the purposes of the NBNP and the *2017 Canada-New Brunswick Immigration Agreement*. The Department will not use this information to make any decisions about you personally.

Consent to release information

By signing below I, on behalf of myself and all dependents included in this application, authorize the Department to share information collected in this application as well as supporting documentation with Immigration, Refugees and Citizenship Canada (IRCC) for the purposes of the *Immigration and Refugee Protection Act*, as well as any third party contractor hired by the Department; third party evaluators contracted by the Department for research, performance measurement and/or evaluation purposes; service providers; and any other agencies and persons.

Consent to release information to the Department from designated representatives of the Department

By signing below I, on behalf of myself and all dependents included in this application, authorize designated representatives contracted by the Department to disclose personal information contained in my application to the Department including:

- Third party contractors hired to validate my educational qualifications, employment history, business background, financial position and personal history by conducting enquiries outside Canada with government and non-government organizations, as required for the purpose of assessing the information I provided in my application;
- Third party evaluators contracted to evaluate the NBNP. I understand that I may be contacted by designated representatives of the Department for up to five years from my landing date in Canada; and
- Representatives from Immigration, Refugees and Citizenship Canada (IRCC) for the purposes of planning and developing immigration related policy, and delivering, monitoring and evaluating the NBNP and its processes for the purpose of strengthening program integrity, investigating program abuses, and the detection and deference of fraud and misrepresentation.

Declaration of commitment

By signing below I, on behalf of myself and all dependents included in this application, acknowledge that, under Section 87(2) of the *Immigration Refugee Protection Act*, S.C. 2001, c. 27, Regulations (the "IRPA Regulations"), I am required to reside in the Province of New Brunswick. I declare that I have read the requirements of Section 87 of the IRPA Regulations and that I will comply with the Regulations. I will, within 30 days of my landing date in Canada, register my landing with the Department.

Declaration of applicant

I acknowledge that the Department of Post-Secondary Education, Training and Labour, its agents, employees and services providers is the agency that administers the New Brunswick Provincial Nominee Program.

I acknowledge that this declaration covers the information I have provided on this form and all the information submitted in my application as well as accompanying documents. I understand that any false statements or concealment of a material fact may result in my exclusion from the NBNP. I realize that once this document has been completed and signed, it will form part of my immigration record and will be used to verify my family details on future applications. I will immediately inform the Department if any of the information or the answers provided in my application forms change.

I acknowledge that I can revoke consent at any time by providing the Department with written notice of the revocation, and that my application to the NBNP shall be withdrawn without penalty.

I understand all the above information, having had the opportunity to ask for and obtained an explanation on every point which was not clear to me.

I, (first name, last name) _____, do solemnly declare that the information I have given in the forgoing application is truthful, complete and correct, and I make this solemn declaration believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of applicant

Date (yyyy-mm-dd)