



The Consent to Participate in the OASIS Virtual Learning Strategist Program

I _____ (*print name*), hereby consent to allow the New Brunswick Department of Post-Secondary Education, Training and Labour (PETL), its agents, and service providers to collect and use my personal information:

- to determine and verify my eligibility for the program(s) or service(s) for which I am applying and/or receiving;
- to assist me in attaining my employment and/or training goals, which include monitoring my progress;
- to gather relevant data specifically related to the Virtual Learning Strategist (VLS) Program; and
- to contact me following my participation in the program(s) and/or service(s) to collect information concerning my employment and/or training status for the purpose of monitoring and evaluating the program(s) or services(s) for the continuous improvement of the program.

I understand that to participate in the VLS Program, PETL may need to share my personal and/or my trade-related information in respect to my participation in the VLS Program, which will provide me with learning support during my apprenticeship, if and when necessary, to:

- tutors hired to assist me with repetition and review of course concepts;
- Saskatchewan Polytechnic
- jurisdictional partners (IBEW and NETCO), and
- Provincial Apprenticeship Authority.

In order to become a participant of the VLS program I will also need to meet with the Virtual Learning Strategist assigned to me within two weeks of receiving my technology or enrolling in the program. At this meeting I will actively engage with the VLS to help develop a learning plan that will work to facilitate successful completion of my apprenticeship. The progress towards the goals established in the plan will be reviewed prior to exam rewrite application.

By clicking this box, I acknowledge that I must actively engage with the VLS to develop a learning plan.

I understand that, given the nature of the VLS Program, assistive technology supports may be provided to me through the VLS Program or through local funding sources designed to decrease barriers caused by learning differences. These assistive technology supports will be determined based on individual need.



I agree to take care of the assistive technology supports provided to me and to make appropriate use of them to the best of my abilities.

I understand that I will be loaned this technology at no cost to myself, provided I remain in the VLS Program and work toward the completion of my predetermined apprenticeship learning goals. If there is a problem with any of the technology outside of a manufacturing defect such as, but not limited to, damage caused by accidental dropping or water damage, I will be responsible for the repair cost.

I will be responsible for returning the iPad to my local IBEW Union Hall. Should I not wish to use the loaner I will need to confirm with the VLS that I have access to technology with supporting software systems.

I further acknowledge that I can revoke my consent in writing at any time and, in doing so, I understand that I will no longer be able to participate in the program(s) or services(s) because of the requirements established by the Program.

Further, I acknowledge that if I withdraw, or I am removed from the VLS Program, I must immediately return all the assistive technology provided to me by the VLS Program to my local IBEW Union hall.

By checking this box, I acknowledge that I have read and consent to participate in the Virtual Learning Strategist Project.

Dated: Click or tap to enter a date.

For apprentices under the age of 19 a parent, guardian or trustee consent must also be provided.

Dated: Click or tap to enter a date.