

School Bus Driver Retention Program (DRP)

CONSENT FORM

Consent to the Collection, Use and Disclosure of Personal Information.

In the event that my employer, _____ (my “**School Bus Operator Employer**”), agrees to participate in the School Bus Driver Retention Program (the “**DRP**”), which will include the delivery of three retention bonus payments to eligible school bus drivers in the Province of Ontario in respect of the 2017-2018 and 2018-2019 school years, I hereby authorize my School Bus Operator Employer, to:

- collect and use my personal information, including my name, address, social insurance number, employment contract (if any), work schedule and attendance record (“**Personal Information**”), in order to determine if I am eligible for the DRP;
- disclose my Personal Information to the Ontario School Bus Association (the “**OSBA**”) and the Province of Ontario, through the Ministry of Education (the “**Ministry**”), and their respective designated agents, contractors and third parties that provide services to them for the sole purpose of administering and distributing the retention bonus payments, verifying submissions made by my School Bus Operator Employer. My Personal Information may be also used for conducting research on workforce development and the effectiveness of the DRP, the results of which may be used in public reports without specifically identifying me; and
- provide the OSBA and its designated agents with a copy of any CPT30 Election to Stop Contributing to the Canada Pension Plan, or Revocation of a Prior Election that I have provided to my School Bus Operator Employer.

I further acknowledge and agree to the use of my Personal Information by the OSBA, the Ministry and their agents for the purposes described above. In the event the Ministry conducts an audit of the program, I understand that the Ministry may see my personal information. The Ministry will not be able to access and use my personal information for any other purposes. I understand that the Ministry is bound by the *Freedom of Information and Protection of Privacy Act* (Ontario).

I have read this consent and understand the purpose for which my Personal Information is being collected, used and disclosed.

This consent must be delivered to your School Bus Operator Employer and is effective from the date stated below.

Signature:

Date:

Name: