



INFORMATION SHARING CONSENT FORM

Completion of this form is not mandatory and will not affect the outcome of your registration.

In keeping with our Privacy Policy, if you would like us to collaborate with your employer by providing updates on the status of your registration application we require your consent. Please submit this form to give the Registered Nurses Association of the Northwest Territories and Nunavut [RNANT/NU] this authority.

AUTHORIZATION FOR INFORMATION SHARING BY THE RNANT/NU

I, _____
Applicant's Full Name

of _____ am seeking nursing
Address

registration with the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU).

I anticipate working with the following employer in the Northwest Territories/Nunavut:

Employer Name: _____

Address: _____

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

To assist in the registration process I hereby give consent to the RNANT/NU to provide the following information to the employer named above, to assist in the registration application process:

- Which registration documents have been received
- Which registration documents are incomplete
- Whether or not payment is outstanding

This shall constitute legal authority for the RNANT/NU to provide the above information to the named employer during the registration application process.

Signature: _____ Date: _____