

Family Information Form - Absences

Member Information:

First Name	Last Name	Preferred Pronouns
Unit	Unique membership number (last 3 digits of service number)	
<input type="checkbox"/> Regular Member <input type="checkbox"/> Reserve Member		
Preferred Language		
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual EN/FR		
Personal email address	Home Phone	Cell Phone
Preferred Method of Contact		
<input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone Can we leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (Street, City, Province, Postal Code)		
Relationship Status		
<input type="checkbox"/> Single <input type="checkbox"/> In a relationship (Is your partner a service member? <input type="checkbox"/> Yes <input type="checkbox"/> No)		
Age(s) of children (if applicable):		
Are there any special considerations you or your family may have while you're away? (e.g. pregnancy, disability, health, or any other special needs)		

Absence Information:

Type
<input type="checkbox"/> Training/Course <input type="checkbox"/> Deployment <input type="checkbox"/> Imposed Restriction Other: _____
Departure Date (D/M/Y)
Return Date (D/M/Y)
Location
How many overseas deployments have you previously been on?

The MFRC would like to check in with your family during your absence with a "Keep in Touch" call or email. Please include contact information for anyone of significance to you on page 2. ➡

Family Contact (Primary):

First Name	Last Name	Preferred Pronouns
Relationship to Member		
Preferred Language		
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual EN/FR		
Personal Email Address	Home Phone	Cell Phone
Preferred Method of Contact		
<input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone Can we leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (Street, City, Province, Postal Code)		
<input type="checkbox"/> Same as member. (If different from member, please fill in address below.)		

Family Contact (Secondary):

First Name	Last Name	Preferred Pronouns
Relationship to Member		
Preferred Language		
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual EN/FR		
Personal Email Address	Home Phone	Cell Phone
Preferred Method of Contact		
<input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone Can we leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (Street, City, Province, Postal Code)		
<input type="checkbox"/> Same as member. (If different from member, please fill in address below.)		

Family Contact (Tertiary):

First Name	Last Name	Preferred Pronouns
Relationship to Member		
Preferred Language		
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual EN/FR		
Personal Email Address	Home Phone	Cell Phone
Preferred Method of Contact		
<input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone Can we leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (Street, City, Province, Postal Code)		
<input type="checkbox"/> Same as member. (If different from member, please fill in address below.)		

Privacy Notice and Consent Statement

All information and communications gathered is considered confidential and private. The Edmonton Military Family Resource Centre (MFRC) will take all possible safeguards to protect client information.

Personal information is collected pursuant to sections 2 and 38 – 41 of the *National Defence Act*. The information is used to administer the Military Family Services Program and the Veteran Family Program, which are managed by the Military Family Services (MFS), a division of the Canadian Forces Morale and Welfare Services (CFMWS) through local MFRCs. The personal information may include name, contact information, biographical information, date of birth (when required), identification number (partial military ID), physical attributes, signature, services provided during contact, opinions and views of, or about individuals.

The information may be used by the MFRC and/or MFS for reporting, audit, evaluation, and statistical purposes. In accordance with the memorandum of understanding between CFMWS and Veterans Affairs Canada (VAC), VFP user statistics will be provided to VAC for reporting on program performance indicators to Treasury Board of Canada Secretariat (TBS). Information is stored in Canada in a cloud-based case management system provided by Athena Software (service provider). Case file information may be transferred to a MFRC with the written consent of the individual. Information may also be used or disclosed for program mailing and outreach purposes.

In accordance with applicable laws, information may be disclosed in the following circumstances:

- **Child protection** – when the MFRC becomes aware of harm or potential harm to a child, it is required by law to report this to the local child welfare agency
- **Harm to self or others** – Professional Codes of Ethics and standards of Practice bind the MFRC to notify the proper authorities if there is a reason to believe that there is potential for the client to harm themselves or others
- **Testimony in court** – There are times when the MFRC may be requested by a court of law to disclose information obtained during sessions, under the above noted items

Personal information is protected, and only used and disclosed in accordance with the provisions of the *Privacy Act* (and other provincial/territorial privacy legislation applicable to the MFRC), as described above and in personal information bank CFMWS PPU 825 Military Family Services Program / Veteran Family Program. Under the *Privacy Act*, individuals have rights of access to and correction of their personal information, and the right to file a complaint to the Privacy Commissioner of Canada regarding the institution's handling of personal information.

If you require clarification about this statement, contact our privacy coordinator at ATIP.AIPRP@cfmws.com. For more information on the Privacy Act, consult the [Office of the Privacy Commissioner of Canada](#).

By signing below, I certify that I understand and consent to the collection, use and disclosure of my personal information as stated above.

Date: _____

Print Name

Signature

Please return this form to MFRC Deployment, in-person or by email: Deployment@mfrcedmonton.com