



LivingWorks Privacy Promise

LivingWorks maintains a high level of security with respect to the confidentiality of your records, and complies with the provisions of the Privacy Act. We do not collect information that is extraneous to the efficient operation of LivingWorks, nor do we release information without your authorization. LivingWorks Privacy Promise is found at www.livingworks.net. Please complete this form and fax to LivingWorks main office at +1 (403) 209-0259 or send via e-mail to info@livingworks.net. You can also update your profile online by visiting www.livingworks.net and clicking on "Privacy."

Personal Information

LivingWorks will maintain your photograph (taken at your *Training for Trainers* course) and the information you provide in this section on file for the purpose of confirming your identity, recording training history and credits, collecting dissemination statistics, providing service and support, sending internal communications and mailing completion certificates. We can only use one address for these purposes; please indicate which address we should use (check one only): HOME WORK

PERSONAL	NAME IN FULL (AS IT SHOULD APPEAR ON LIVINGWORKS CERTIFICATES OF COMPLETION)		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	IN WHAT OTHER LANGUAGES COULD YOU SERVE AS A TRAINER?	DO YOU HAVE KNOWLEDGE ABOUT OR EXPERIENCE IN WORKING WITH SPECIAL POPULATIONS? IF YES, PLEASE SPECIFY		
HOME	HOME MAILING ADDRESS		CITY	
	PROV/STATE	POSTAL/ZIP CODE	COUNTRY	
	HOME E-MAIL	HOME PHONE	HOME FAX	
WORK	ORGANIZATION	DEPARTMENT	TITLE	
	WORK MAILING ADDRESS		CITY	
	PROV/STATE	POSTAL/ZIP CODE	COUNTRY	
	WORK E-MAIL	WORK PHONE	WORK FAX	

Authorization and Agreement

- The LivingWorks Trainer network will be your lifeline. Your contact information will be available to this network for the purpose of organizing workshops and sharing resources unless otherwise indicated here:
 - Please do not release my contact information to other certified trainers.
- With regard to the provisions of the Privacy Act, I hereby authorize LivingWorks to maintain my personal information on file for the purposes as stated above.
- I agree to inform LivingWorks of any updates to my personal information.

YOUR SIGNATURE

DATE