



INAC INFORMATION SYSTEM ACCESS REQUEST

- ▶ A valid GCIMS Data Sharing Agreement must be in place before this form can be used.
- ▶ This form is an accepted substitute for the Grants & Contributions Information Management System (GCIMS) scheduled "A" for the purpose of Annual Reports Database (ARD) or Education Information System (EIS) user account management only. The standard GCIMS Schedule "A" MUST be used for all other GCIMS related user account requests.

Privacy Act Statement

The collection, use and disclosure of your personal information is required for requesting access to the Indigenous and Northern Affairs Canada (INAC) Portal authorized by program specific legislation. We will collect, use, disclose and protect your personal information in accordance with the *Privacy Act* for the submission of reports (Data Collection Instruments) for the following systems: Annual Report Database, Education Information System, Education Reporting and Analysis Solution, and GCIMS. The information may be used or disclosed for the following purposes: archival, reporting to senior management and audit, evaluation, research, and/or statistical. All statistical information is de-personalized (names and identifier data) before dissemination. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. Should you decide not to provide the personal information requested, we will not be able to provide you with the service, program or funding requested. The personal information collected under this initiative is referenced in Personal Information Bank INA PPU 1201. You have the right to access personal information that we hold about you and to request correction of erroneous personal information about you. Should you wish to do so, please write to the Director of Access to Information and Privacy at the following address: Access to Information and Privacy, 10 Wellington Street, 18 Floor, Section A, Ottawa, ON K1A 0H4. You may also write by email at ATIP-AIPRP@aadnc-aandc.gc.ca. To inquire about applicable legislative authority or to withdraw participation from this program, please contact your Regional Office or INAC Public Enquiries at 1-800-567-9604. If you require clarification about this *Privacy Act* Statement, please contact our Access to Information and Privacy Office at 1-819 997-8277. Please note that you have a right to file a complaint to the Office of the Privacy Commissioner of Canada regarding our handling of your personal information. To do so, please contact the Privacy Commissioner at 1-800-282-1376.

Application System (Select all that apply) ARD EIS ERAS

Select User Type INAC USER RECIPIENT USER

Organization Information

Recipient/Organization Name _____ Recipient/Organization Number (if applicable) _____

User Information (On behalf of the Recipient Organization)

Family Name	Given Name	Job Title	Province/Territory
Telephone Number	Extension	Fax Number (External User Only)	Email Address

Does the user have INAC Network account? Yes No If Yes, provide account name: unknown

Data Sharing Agreement? Yes No

EIS

Request Type

New

Recipient Organization Declaration

I acknowledge that _____ (Name of Recipient Organization) assumes full responsibility for the actions of _____ (Name of User) in regard to the access and use of INAC's Computer Network, and information contained therein, including any confidential or personal information. I also acknowledge that _____ (Name of User) has been fully instructed in respect of purposes for which _____ (Name of User) may use the INAC computer Network and that the restrictions and limitations of use of INAC Computer Network.

Recipient Administrator/Senior Management

*** ADMINISTRATOR/ CHIEF/ COUNCIL/ PERSON WITH SIGNING AUTHORITY**

The information provided is accurate to the best of my knowledge.

Given Name	Family Name	Title
Email Address	Telephone Number	Date (YYYYMMDD)

User Declaration

I, _____ (Name of User) understand that if the Minister grants me access to the INAC Computer Network that I may use the INAC

Computer Network only for purposes specified to me by _____ and that I must comply with INAC's Policy which I have read.
(Name of Recipient Organization)

I acknowledge that my role as _____ is the sole reason for my access to and use of information.
(Job Title)

Signatures (The information provided is accurate to the best of my knowledge)

Recipient User

Signature ▶

Date (YYYYMMDD)

Organization Administrator/Manager

ADMINISTRATOR/CHIEF/COUNCIL PERSON WITH SIGNING AUTHORITY

Given Name

Family Name

Telephone Number

Signature

Date (YYYYMMDD)

INAC Regional Administrator

INAC APPROVAL

Given Name

Family Name

Telephone Number

Signature

Date (YYYYMMDD)