

800 – 8100 Granville Avenue Richmond, British Columbia Canada, V6Y 3T6

SKILLEDTRADESBC.CA

in @SKILLEDTRADESBC

May 10, 2023

General Record Request: 203-2023

SkilledTradesBC Record Request:

• A copy of the data schema(s) detailing the full list of fields or variables collected regarding freedom of information requests processed by your public body as well as a copy of that data in machine readable format. (Date Range for Record Search: January 1, 2021, to January 2023).

Interpretation Notes: SkilledTradesBC has interpreted "schema" to mean the data fields used to collect, interpreted as "routinely gathered", information for freedom of information (FOI) requests that are submitted from the public to SkilledTradesBC. SkilledTradesBC has three (3) forms for FOI Requests:

FOI Requests Forms	Description
General Record Request	Used by the public to submit general record requests.
Personal Information Record Request	Used by the public to submit requests for personal information.
Training Provider Record Request	Used by training providers to submit record requests.

General Record Request

Fields

Request #

Contact Information

- Business/Organization Name
- First Name
- Middle Name(s)
- Last Name
- Address



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- City
- Province
- Postal Code
- Phone Number
- Secondary Phone Number
- Email Address

Record Request Description

- Please provide a detailed and specific description of the record you are requesting (e.g., type of information, date(s), report, etc.).
- Record Request Start Date (MM/DD/YYYY)
- Record Request End Date (MM/DD/YYYY)
- Data Output format
 - Excel
 - CSV
 - PDF
- Request Delivery Method
 - Mail
 - Email

Signature

- Signature
- Printed Full Name
- Date (MM/DD/YYYY)

Personal Information Record Request

Fields

• Request #

Contact Information

- First Name
- Middle Name(s)
- Last Name
- Address



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- City
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Personal Information Request Details

- Indicate for whom you are making the personal information request.
 - Myself
 - Another person please provide the individual's signed consent or proof of authority to act on the individual's behalf.
- Description of personal information request
- Record Request Start Date (MM/DD/YYYY)
- Record Request End Date (MM/DD/YYYY)
- Request Delivery Method
 - Mail
 - Email
- Signature
- Printed Full Name
- Date (MM/DD/YYYY)

Training Provider Record Request

Request #

Training Provider Contact Information (To be completed by Training Provider)

- Training Provider Name
- Contact First Name
- Contact Last Name
- Job Title
- Address
- City
- Province
- Postal Code



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- Phone Number
- Secondary Phone Number
- Email Address

Record Request Details

- Is there a current Information Sharing Agreement (ISA) between your organization and SkilledTradesBC?
 - No
 - Yes
 - The current ISA expires on Date (MM/DD/YYYY)
- Please provide a detailed and specific description of the record your are requesting (e.g., type of information, date(s), report, etc.).
- If requesting records with personal information, please provide the purpose of this information.
- Record Request Start Date (MM/DD/YYYY)
- Record Request End Date (MM/DD/YYYY)
- Data Output format
 - Excel
 - CSV
 - PDF
- Request Delivery Method
 - Mail
 - Email

Signature

- Training Provider Contact Signature
- Training Provider Contact Printed Full Name
- Date (MM/DD/YYYY)

Information Request Assessment (to be completed by SkilledTradesBC)

- List the provisions under the Freedom of Information and Protection of Privacy Act that enable the collection, use, and disclosure of personal information.
 - Section
 - Section Summary
- Restrictions on use of information. Specify what information can be disclosed and, if



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applicable, the region.

- Specify the time frame the applicant can receive and retain the information:
 - From: (MM/DD/YYYY)
 - To: (MM/DD/YYYY)
- Indicate how the personal information is to be managed after the above time frame:
 - Destroyed in a secure manner
 - Returned to SkilledTradesBC
 - Other, as follows

Authorization

- SkilledTradesBC Privacy Officer Signature
- SkilledTradesBC Privacy Officer Full Name
- Date: (MM/DD/YYYY)