

Quittin' Time Registration

Instructions:

- To participate in the Quittin' Time Program, complete this form and fax to:
1 888 857-6555
- Your privacy is important to us. Some information you provide on this registration form may be considered personal information. This information will be collected and used for the sole purpose of delivering Quittin' Time services to you.

- For more information, please visit our website at: www.quittintime.gov.bc.ca or to register by phone, please call 1 877 455-2233.
- Please type or print clearly.**

Freedom of Information and Protection of Privacy Act (FOIPPA)
The personal information requested on this form is required for the purpose of administering the *Public Service Benefit Plan Act*. This information is collected in accordance with FOIPPA. Questions about the collection or use of this information can be directed to the Program Administrator, Workplace Health and Benefits at 250 387-7933, PO Box 9404 Stn Prov Govt, Victoria BC V8W 9V1.

PARTICIPANT/CALLER INFORMATION

LAST NAME

FIRST NAME AND INITIAL

HOME PHONE NO

()

ALTERNATE PHONE NO. (Work or Cell)

()

POSTAL CODE (Optional – provide the first 3 digits only)

GENDER (For statistical purposes only)

MALE

FEMALE

Please indicate (✓) your preferred time period for us to contact you by phone. (✓ all that apply)

WEEKDAYS

WEEKENDS

Morning

Morning

Afternoon

Afternoon

Evening

Evening

If you are not available when we call, may we leave a message for you?

YES

NO

Which language should we use when speaking with you by phone?

ENGLISH

FRENCH

OTHER, please specify: _____

PARTICIPANT/CALLER SIGNATURE

DATE OF REGISTRATION
YYYY / MM / DD

X