**AFFIDAVIT - Religious Belief**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*full name*), MAKE OATH OR SOLEMNLY AFFIRM AND SAY AS FOLLOWS:

1. The requirements of the Vaccination Policy conflict with my sincerely held religious belief or practice that prohibits me from receiving the COVID-19 vaccine.
2. The nature of this sincerely held religious belief or practice is as follows (*please describe the reasons why your religious belief prohibits you from receiving the COVID-19 vaccine*).

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**Signature of Deponent** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Sworn (or Affirmed) before me at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*City, Town, etc.*) in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*County, Regional Municipality, etc.*) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*date*).  **Signature of Commissioner for Taking Affidavits** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Printed name of Commissioner for Taking Affidavits** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**THE AFFIDAVIT MUST BE SIGNED BEFORE A COMMISSIONER FOR TAKING AFFIDAVITS. IT IS A CRIMINAL OFFENCE TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT.**

*This form can be downloaded and printed for signature or submitted online with an electronic signature.*

**Employee Acknowledgement**

**Privacy Statement**

The purpose for collection and use of this information is to fulfill the responsibility of the National Film Board of Canada (NFB) to ensure the health and safety of its employees. This is a requirement under section 124, Part II of the *Canada Labour Code* and under the NFB’s *Policy on COVID-19 Vaccination*. Personal information is collected pursuant to the *National Film Act,* sections 7 and 11.1 of the *Financial Administration Act* and in accordance with the *Privacy Act*. Information supplied on this form will be used to consider your request for accommodation in accordance with the *Policy on COVID-19 Vaccination* and the *NFB Accommodation Policy*.

The personal information will be used to determine the context of your request for accommodation. The aggregate of your personal information (whether or not you are vaccinated and what accommodation measures are put in place to support your employment) may also be used by the NFB and shared with the Treasury Board of Canada Secretariat to monitor and report on the overall impact of COVID-19 and compliance with the vaccination program , as described in standard personal information bank PSE 907, [*Occupational Health and Safety*](https://www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/information-about-programs-information-holdings/standard-personal-information-banks.html#pse907).

Refusal to provide the requested information to support your accommodation request may result in administrative consequences as outlined in the Policy.

**Early disposal of personal information**

You may consent to have this Religious Affidavit disposed prior to the retention periods set out in accordance with Section 4(1)(a) of the *Privacy Regulations* once the accommodation decision has been communicated and is finalized. Should you not wish to consent to the early disposal, the information will be retained in accordance with departmental retention schedules:

I consent to the early disposal.

I do not consent to the early disposal.

Under the *Privacy Act*, you have the right to access your personal information and request corrections to your information. Should you wish to exercise your rights under the *Privacy Act*, or have any questions about this statement, please contact [the NFB Access to Information and Privacy Coordinator](https://www.tbs-sct.gc.ca/ap/atip-aiprp/coord-eng.asp#N). You have the right to file a complaint with the [Office of the Privacy Commissioner](https://www.priv.gc.ca/en/) about the handling of your personal information.

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| **HUMAN RESOURCES USE ONLY:** | |
| Date received: |  |
| Date reviewed: |  |
| Reviewing signature: |  |

*This form can be downloaded and printed for signature or submitted online with an electronic signature.*