



REGISTERED
MASSAGE THERAPY
PROGRAM
APPLICATION
PACKAGE

REGISTERED MASSAGE THERAPY (RMT) PROGRAM

FIRST COLLEGE

FACULTY OF REGISTERED MASSAGE THERAPY

LIFE - CAREER - SUCCESS



PROGRAM OVERVIEW

DIPLOMA - TWO - YEAR PROGRAM

The registered massage therapy (RMT) program is a two-year program offered in Kelowna. Registered massage therapy is a regulated profession in British Columbia. The registered massage therapist is a highly trained healthcare professional.

Registered massage therapists (RMTs) are currently in the most employable field with the fastest growing rate in Health Care.

Registered Massage Therapists (RMTs) in British Columbia are trained to: evaluate your health needs; provide an assessment of your specific soft tissue or musculoskeletal condition; predict the likelihood and/or timeline of your recovery; provide active (intense) or passive (gentle) hands on therapy; and through research, provide evidence-based patient education and remedial exercises. (taken from the RMTBC Website)

Registered massage therapists (RMTs) in BC have many employment options. They can work independently in private practice or with other healthcare professionals in a multidisciplinary clinic (with chiropractors, naturopaths, physiotherapist, kinesiologist, psychologists).

WHAT WE PROVIDE:

Full Time Course Schedule -
Week Days Classes

Highly Qualified & Professional
Instructors

Scholarship and Subsidy Available

Small Class Size With State-of-the-Art
Lab Facilities

WHAT IS YOUR FUTURE OPPORTUNITY?

To be eligible to sit for the College of
Massage Therapy of British Columbia
board examinations

The ability to earn over \$100 per Hour
as an RMT

WHAT YOU WILL RECEIVE:

Registered Massage Therapy
(RMT) Program Diploma

Eligibility for the BC College of Massage
Therapy board examinations

TRAINING at Stand First Aid with CPR - C

REGISTERED MASSAGE THERAPY (RMT) PROGRAM

DIPLOMA - TWO - YEAR PROGRAM

FACULTY OF REGISTERED MASSAGE THERAPY

www.firstcollege.ca - (778)478-6611 OR (778) 754-2888
532 Leon Ave, Second Floor, Kelowna, BC Canada, V1Y 6J6

ADMISSION REQUIREMENT

1. High school graduation or equivalent
2. Proof of meeting English Language Competency Requirements
3. Application Essay
4. Character Reference Letters
5. Current Resume
6. Introduction to Massage Therapy Course
7. A Criminal Record Check Clearance
8. Medical Note from Physician
9. Education Interview

Please review the detailed admission requirement on Page 3 & 4.

PROGRAM COST

DOMESTIC

Total Cost: \$34,750.00 CAD

- Application Fee - \$150.00 CAD
- Tuition Fee - \$32,000.00 CAD
- Course Materials Fee - \$900.00 CAD
- Textbook Fee - \$1700.00 CAD

INTERNATIONAL

Total Cost: \$38,950.00 CAD

- Application Fee - \$150.00 CAD
- Tuition Fee - \$36,000.00 CAD
- Administrative Fee - \$200.00 CAD
- Course Materials Fee - \$900.00 CAD
- Textbook Fee - \$1700.00 CAD

Student Loans are Available

Students will receive a **LAPTOP FREE** of cost at the start of the program.

PRACTICAL EDUCATION REQUIREMENT

Requirements are due prior to the first day of Clinical Placement in term three. The Student Services department will assist you with obtaining the necessary documents.

1. Current immunization Record
2. Standard First Aid with CPR - C and AED, provided by First College.

DATE AND SCHEDULE

SEPTEMBER 8, 2020 - AUGUST 5, 2022

Six terms in two years (15 weeks per term)

Class Hours:

Monday - Friday, 8:30 am to 3:30 pm or 4:00 pm (Including Lunch Break)

Student Clinic Hours (Practical Education): Term 3 - Term 6
8:00am to 9:30pm on various days depending on the term.

Questions? E-mail us at enrollment@firstcollege.ca
OR (778) 478-6611; (778)754-2888

REGISTERED MASSAGE THERAPY (RMT) PROGRAM

DIPLOMA - TWO - YEAR PROGRAM

DETAILED ADMISSION REQUIREMENT

Applicants must meet the following admission criteria:

1. High school graduation or equivalent (BC High School Diploma, BC Adult Graduation Diploma, General Education Development-GEC, or an equivalent secondary school completion from another jurisdiction).

2. Proof of meeting English Language Competency Requirements (Students must have strong verbal and written communication skills, as well as satisfactory and active English comprehension skills. All applicants must meet the English Language Competency requirements)

- For students whose first language is English, evidence of one of the following:

- Proof of completion of Grade 12 English.

- College courses determined to be equivalent to completion of Grade 12 English (or higher) by post-secondary institutions.

Applicants must produce transcripts as evidence of completion. A minimum of a C grade is acceptable.

-Canadian Adult Achievement Test (CAAT):

Reading Comprehension 35/50, Spelling 23/32.

- Language Placement Index (LPI):

The three individual scores (Sentence Structure, English Usage, and Reading Comprehension) must total a minimum of 20, out of a maximum possible score of 40. Essay level of 4, with a minimum essay score of 24/40.

- Accuplacer:

Grade 12 level or higher Recommended Cut Scores:

Reading Comprehension 60

Sentences Skill 55

Writeplacer 4

- For students whose first language is not English, evidence of one of the following completed tests:

- Canadian Language Benchmark Placement Test (CLB PT) completed within the last year.

Minimum scores in the following categories: Listening-7, Speaking-7, Reading-6 and Writing-6

Note: a CLB Report Card from a LINC Program may also be accepted.

- Canadian English Language Proficiency Index Program (CELPPIP – General) completed within the last year. Minimum scores in the following categories: Listening-7, Speaking-7, Reading-6 and Writing-6.

- International English Language Testing System (IELTS) completed within the last two years.

Minimum scores in the following categories: Listening-6, Speaking-6, Reading-5.5, Writing-5.5.

- Canadian Academic English Language Assessment (CAEL) completed within the last two years.

Overall Score of 60, with no section less than 50.

- The Test of English as a Foreign Language (TOEFL) completed within the last two years, IBT only. Overall score of 76 with no score lower than 20 in Speaking and Listening and no score lower than 18 in Reading and Writing.

REGISTERED MASSAGE THERAPY (RMT) PROGRAM

DIPLOMA - TWO - YEAR PROGRAM

DETAILED ADMISSION REQUIREMENT

3. Application Essay

Please provide an application essay that is grammatically correct and 300-400 words. Your essay should address:

- Why you want to be a Registered Massage Therapist?
- What you have to offer the profession?
- What your experiences are, if any, with Massage Therapy?

4. Character Reference Letters

Two current character reference letters are required.

- The reference letters should come from any of the following: a healthcare professional (chiropractor, physiotherapist, doctor, nurse, etc.), an employer (past or present), or a friend who has known you for over five years.
- The letters should speak to your character and why they feel you are suitable for this profession.

5. Current Resume

Please provide a current resume that can be emailed to Admissions at enrollment@firstcollege.ca

6. Introduction to Massage Therapy Course

Completion of the "Introduction to Massage Therapy" Course offered by First College or another accredited Massage Therapy Institution in B.C. Course dates are listed on the website.

7. A Criminal Record Check

A criminal record check must be obtained from the B.C. Ministry of Public Safety and the Solicitor General's Criminal Records Review Office. First College's admission offices will provide applicants with instructions and forms for applicants to submit to the Solicitor General's Office and a deadline for the College to receive their criminal record check.

8. Medical Note from Physician

A Medical Clearance form, which is part of the application package, must be filled out by a Physician.

9. Education Interview

An interview with the Program Director will be scheduled once your application process has begun. You will be contacted by Admissions to schedule an in-person interview.

Notes: The following sections will not affect the admission decision. The purpose of these sections is to determine the suitability of the prospective student to our two year comprehensive RMT program but also to the massage therapy industry. These sections will enable the Program Director at First College to assess weaknesses and strengths of the student and to help prepare them for the program.

3. Application Essay

4. Character Reference Letters

5. Current Resume

9. Education Interview



RMT Program Application Checklist

Student Name: _____

PROGRAM START DATE: _____

	<input type="checkbox"/> ADMISSION ACCEPTED	Date Completed
1	Photo ID	
2	Application form	
3	Application fee	
4	Proof of high school graduation or equivalent (diploma)	
5	Proof of Grade 12 English (transcript) or Meeting English Language Competency Requirements (If applicable)	
6	Application essay	
7	Character reference letters	
8	Current resume	
9	Criminal record check clearance	
10	Medical note from Physician	
11	Education interview	
12	Introduction to Massage Therapy Course	

Details of admission requirements and required forms are provided in this package.

Notes:



First College Application For Admission

First College Administration Office
532 Leon Ave, Second Floor,
Kelowna, BC Canada, V1Y 6J6
Phone: 1.778.754.2888
Fax: 1.778.478.6610
Email: enrollment@firstcollege.ca
www.firstcollege.ca

Use of an Agency (if applicable – *First College designated agents only*):

Agency Name			
Agent Code		Contact Person	
Phone Number			
Email Address			

FOR OFFICE USE ONLY

Student ID: _____

NOTE: Admissions information will be sent to the above email address.

PART 1: Program & Start Date

APPLICATION PERIODS: Applications are only accepted if submitted during the application periods.

Program Name:

(Please use Dropdown menu to select) _____

Program Start Date: _____ (Month/Year)

Location: Kelowna ☐

Kelowna Campus:

532 Leon Ave, Second Floor, Kelowna, BC Canada, V1Y 6J6

NOTE:
Before applying, check the program availability for your preferred start date online at www.firstcollege.ca, or contact with an Admission/Enrollment Advisor at enrollment@firstcollege.ca or (778) 754-2888

PART 2: Personal Information

Family Name:	Given Name(s):
Date of Birth: _____ / _____ / _____ (DAY) (MONTH) (YEAR)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Country of Citizenship:	First Language:

PART 3: Permanent Address

Address:	
City:	Province/District/State:
Country:	Postal/Zip Code:
Phone:	Email:

PART 4: Current Mailing Address to be Indicated on Offer Letters and Receipts (if different from Part 3)

Address:	
City:	Province/District/State:
Country:	Postal/Zip Code:
Phone:	Email:

PART 5: Emergency Contact

Name:	Relationship to you:	
Telephone:	Email:	
Canadian Custodian Name (for students under 19):		Telephone:

PART 6: Release of Information

I hereby authorize the College to release any of the following items:

Application information, Admission status, Letter of Acceptance, Transcripts, Progress and Attendance records (if applicable) to:

☐ Relative or Friend _____ ☐ Other Educational Institution _____

NOTE: If you use an agency, information about your admission and registration will be communicated to your agent.

PART 7: Homestay Information Service Request

Do you require the homestay information? ☐ YES ☐ NO

If you checked "Yes", a Student Service Advisor will contact you by email.

Please note some services can take up to 4 months to put into place.

PART 8: Optional Service Request

I am requesting information on services for students with an illness or disability ☐ YES ☐ NO

If you checked "Yes", a Disability Service Advisor will contact you by email.

Please note some services can take up to 4 months to put into place.

PART 9: Select Payment Option

☐ E-transfer to payments@firstcollege.ca with your print name. (Please send security question answer in separate email.)

Select Payment Option (\$150 CAD):

☐ Credit Card# _____ Expiry: _____

CVS code: _____

☐ Cash – in person only during business hours, weekdays 9 am to 5 pm

PROTECTION OF PRIVACY

First College collects and retains student personal information under the authority of the College and Institute Act. The information will be used to admit, register and graduate students, record academic achievement, issue library cards, administer and operate academic, alumni and other College programs and other purposes consistent with the mandate of the College. Information on admission, registration and academic achievement may also be disclosed and used for statistical and research purposes by the College, other post-secondary educational institutions, the Industry Training Authority and the provincial government. Personal information provided for admission and registration and any other information placed into the student record will be collected, protected, used, disclosed and retained in compliance with British Columbia's Freedom of Information and Protection of Privacy Act (R.S.B.C. 1996, c. 165).

If you have any questions about the collection, use and disclosure of your personal information by First College, please contact the enrollment office, First College, 532 Leon Ave, Second Floor, Kelowna, BC Canada, V1Y 6J6, 1.778.754.2888.

DECLARATION

I understand that the information I provide including subsequent information placed in my student records, will be used for the purposes of admission, registration, research, alumni and development and other purposes consistent with the mandate of the institution.

1. I understand that submission of this application does not guarantee admission to a program or course, and that admission is subject to meeting First College's prerequisites and space availability.
2. I agree to abide by the rules and regulations of First College as published in the Calendar, and those of the department and program in which I shall be registered and any changes which may be made while I am a student at First College.
3. I certify that the information I have provided in this application is complete and accurate and may be verified by First College. I understand that falsifying any documents or information submitted will result in immediate cancellation of my admission or registration at First College.
4. I understand that First College has the right to cancel a program due to low registration.
5. I have read and understand the First College refund policy at www.firstcollege.ca
6. I understand that I will receive e-mail communications from First College regarding my application, registration, and any other information and updates related to my study at First College.

APPLICANT'S SIGNATURE IN ENGLISH (Do not print)

DATE (month/date/year)

Appendix FOR OFFICE USE ONLY

Admission Documents Check List

Check that you have included the following for the admission departemnt :

- ☐ Copy of your government issued photo ID (passport photo page, your driver license, etc.)
- ☐ High school Diploma or Equivalent
- ☐ Proof of Meeting English Language Competence Requirements
- ☐ Application Essay
- ☐ Character Reference letters
- ☐ Current Resume
- ☐ Intro to Massage Therapy Course
- ☐ Criminal Record Check (Vulnerable sector check must be obtained, once accepted.)
- ☐ Medical Clearance Note from Physician
- ☐ Interview with Program Director

Registration Process

1. Submitting your completed application form and all related documents with the application fee. In the mean time, students are welcome to meet with the Student Advisor.
2. When all the application documents with fee is received, students will receive a receipt.
3. First College will take 5-10 business days (Domestic) or 15-30 business days (International) to review the required application documents that student submitted.
4. A Letter of Acceptance will be issued once your application is accepted. A written Enrolment Contract conforming to regulatory requirements must be signed by the student and/or by a parent or guardian if the applicant is a minor (not reached the age of 19 in British Columbia).

Email to admissions@firstcollege.ca or submit in person to First College a complete application package when you are ready to apply.



Introduction to Massage Therapy Course Registration Form

First College Administration Office
532 Leon Ave, Second Floor,
Kelowna, BC Canada, V1Y 6J6
Phone: 1.778.754.2888
Fax: 1.778.478.6610
Email: enrollment@firstcollege.ca
www.firstcollege.ca

Use of an Agency (if applicable – First College designated agents only):

Agency Name			
Agent Code		Contact Person	
Phone Number			
Email Address			

FOR OFFICE USE ONLY

Student ID: _____

NOTE: Admissions information will be sent to the above email address.

PART 1: Program & Start Date

APPLICATION PERIODS: Applications are only accepted if submitted during the application periods.

Program Name: _____

Date and Time: ☐ June 5th (4:00 pm - 8:00 pm), 6th (8:00 am -16:00 pm), 2020 ☐ August 7th (4:00 pm - 8:00 pm), 8th (8:00am - 16:00 pm), 2020

Location: Kelowna Campus: 532 Leon Ave, Second Floor, Kelowna, BC, V1Y 6J6

Registration Fee: **\$ 300 CAD,** To register, Please complete the form and send it back to us at admissions@firstcollege.ca

PART 2: Personal Information

Family Name:	Given Name(s):
Date of Birth: _____ / _____ / _____ (DAY) (MONTH) (YEAR)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Country of Citizenship:	First Language:

PART 3: Full Mailing Address

Address:	
City:	Province/District/State:
Country:	Postal/Zip Code:
Phone:	Email:

PART 4: Select Payment Option

Select Payment Option:	<input type="checkbox"/> E-transfer to payments@firstcollege.ca with your print name. (Please send security question answer in separate email.)
	<input type="checkbox"/> Credit Card# _____ Expiry: _____ CVS code: _____
	<input type="checkbox"/> Cash – in person only during business hours, weekdays 9 am to 5 pm

PROTECTION OF PRIVACY

First College collects and retains student personal information under the authority of the College and Institute Act. The information will be used to admit, register and graduate students, record academic achievement, issue library cards, administer and operate academic, alumni and other College programs and other purposes consistent with the mandate of the College. Information on admission, registration and academic achievement may also be disclosed and used for statistical and research purposes by the College, other post-secondary educational institutions, the Industry Training Authority and the provincial government. Personal information provided for admission and registration and any other information placed into the student record will be collected, protected, used, disclosed and retained in compliance with British Columbia's Freedom of Information and Protection of Privacy Act (R.S.B.C. 1996, c. 165).

If you have any questions about the collection, use and disclosure of your personal information by First College, please contact the enrollment office, First College, 532 Leon Ave, Second Floor, Kelowna, BC Canada, V1Y 6J6, 1.778.754.2888.



MEDICAL CLEARANCE FORM

I give permission for the physician to release this medical information to First College for the purpose of admission requirements. All information will remain confidential.

Individual's Name (print): _____ DOB: _____

Individual's Signature: _____

This medical clearance is to certify the following individual is physically and psychologically able to fully participate and attend the two-year Registered Massage Therapy (RMT) program including all clinical aspects.

Physician Information:

Name: _____ Phone Number: _____

Address: _____

Physician Use Only:

Please check one of the following statements

<input type="checkbox"/>	I approve the individual's participation in the RMT program with no restrictions
<input type="checkbox"/>	I approve the individual's participation in the RMT program with the following restrictions:
<input type="checkbox"/>	I recommend the individual not participate in the RMT (if checked, the individual will not be accepted into the RMT program)

Physician's Notes: _____

Physician's Name (print): _____

Physician's Signature: _____ Date: _____

**THIS FORM MUST BE SIGNED BY THE EMPLOYER ORGANIZATION AUTHORIZED CONTACT AND
SUBMITTED WITH THE EMPLOYEE/APPLICANT CONSENT FORM**

SECTION 1: FOR AUTHORIZED CONTACT USE

CONSENT TO A CRIMINAL RECORD CHECK - EMPLOYER ORGANIZATION CHECKLIST

- ☐ The employee/applicant has provided { ^Ä!*äãæ } with the original, completed and signed consent form to submit to the Criminal Records Review Program (CRRP). **FORMS SUBMITTED BY APPLICANTS'8-F97H@MHC'H-9'7FFD WILL NOT BE PROCESSED.**
- ☐ T ^Ä!*äãæ } Äwill submit a copy of the consent form to the CRRP and will retain the original consent form for 5 years.
- ☐ T ^Ä!*äãæ } Äwill verify the I.D. of each employee/applicant in person to confirm their identity and ensure that the information provided on the consent form is accurate.
- ☐ T ^Ä!*äãæ } Äce reviewed the Äschedule typeÄand Äworks withÄcategory of the form.

AUTHORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENTS

- ☐ I acknowledge the need for proper I.D. verification for the CRRP to conduct a complete risk assessment, and the critical importance of my organization diligently carrying its duties in this regard. Any false statements or deliberate omissions on a consent form filed with the CRRP may result in the inability of the CRRP to accurately determine whether the applicant poses a risk to children or vulnerable adults.

On behalf of the organization, I confirm that the employee's/applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: _____ **SIGNATURE:** _____

SECTION 2: FOR EMPLOYEE/APPLICANT USE

CONSENT TO A CRIMINAL RECORD CHECK - EMPLOYEE/APPLICANT CHECKLIST

- ☐ I have completed the attached consent form truthfully, clearly, and legibly, and signed and dated it.
- ☐ My organization has verified my I.D. in person to confirm my identity and ensure that the information on the consent form is accurate.
- ☐ My employer or organization will retain the originals of the forms and will forward a copy to the CRRP on my behalf.
- ☐ I have read and understand the Consent for Release of Information and Acknowledgements (below) and information regarding the *Freedom of Information and Protection of Privacy Act* (FOIPPA) on Page 2.

CONSENT : CF RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

PURSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT:

- ☐ I hereby consent to a check of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act. I understand that providing my Driver's Licence number or BCID number pursuant to this criminal record check authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.
- ☐ I hereby consent to a check of all available law enforcement systems, including any local police records.
- ☐ I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per ~~the~~ *Criminal Records Act*. For more information on Vulnerable Sector searches, please visit the RCMP website: <http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- ☐ I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity.
- ☐ I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the courts, corrections, and crown counsel relating to any outstanding charges or convictions for any relevant or specified offence(s) as defined under the *Criminal Records Review Act* or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.
- ☐ Where the results of a check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- ☐ My organization and I will be notified that I have an outstanding charge or conviction for a relevant or specified offence(s), and that the matter has been referred to the Deputy Registrar for review.
- ☐ The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).
- ☐ If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I further agree to report the charge(s) or conviction(s) to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check Form.





--	--

For Internal Use

EMPLOYEE/APPLICANT CONSENT TO A CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all fields are complete. Providing your Driver's Licence number or BCID number may expedite the process. Your organization must complete the Schedule Type and 'WORKS WITH' category portion of the form.

Schedule Type (Choose one): ☐ A ☐ B ☐ C ☐ D ☐ E
WORKS WITH (Choose one): ☐ children ☐ vulnerable adults ☐ children and vulnerable adults

PART 1: APPLICANT INFORMATION

Legal Surname / Last Name:		Legal Given / First Name:		Legal Middle Name:	
Date of Birth: ____ YYYY ____ MM ____ DD		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Birthplace: _____	
Additional Names (Alias, Maiden Name, etc.):					
Surname / Last Name:		Given / First Name:		Middle Name:	
Mailing Address:		City:	Province:	Country:	Postal Code:
Residential Address (If different from above):		City:	Province:	Country:	Postal Code:
Contact Phone No.:			Driver's Licence or BCID#:		
Applicant E-mail Address (REQUIRED to receive your payment options):					

PART 2: ORGANIZATION INFORMATION

To be completed by an Authorized Contact of the organization:

Organization Name:			
Authorized Contact Name and Title:		ID Number (Provided to the organization from the CRRP):	
Mailing Address:			
City:	Province:	Country:	Postal Code:
Office Area Code & Phone No:			

PART 3: POSITION WITH ORGANIZATION (REQUIRED)

Applicant's Position / Job Title with Organization:

PART 4: SCHEDULE D ONLY MUST PROVIDE

Licensed Child Care Name, Adult Care Facility Name, or Contracted Company Name:

PART 5: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

I have read and understand the Consent for Release of Information and Acknowledgments on Page 1. I hereby consent to these terms as indicated by my signature below:

Applicant Signature

Date Signed YYYY / MM / DD

Freedom of Information and Protection of Privacy Act: The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 4(1) and section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information provided will be used to fulfil the requirements of the *Criminal Records Review Act* for the release of criminal records information in accordance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185 (Option 2).



**THIS FORM MUST BE SIGNED BY THE ORGANIZATION AUTHORIZED CONTACT
THAT WILL BE RECEIVING THE RESULTS OF THE SHARING REQUEST**

POLICE CHECKS ARE NOT SHAREABLE BY THE CRRP

SECTION 1: FOR AUTHORIZED CONTACT USE

SHARING A CRIMINAL RECORD CHECK - ORGANIZATION CHECKLIST

- ☐ The applicant has provided my organization with the original, completed and signed sharing form to submit to the Criminal Records Review Program (CRRP). **FORMS SUBMITTED DIRECTLY TO THE CRRP BY APPLICANTS WILL NOT BE PROCESSED.**
- ☐ My organization will submit a copy of the consent form to the CRRP and will retain the original sharing consent form for 5 years.
- ☐ My organization will verify the applicant's I.D. and ensure that the information provided on the sharing form is accurate.
- ☐ My organization understands that the applicant is not providing us with a new criminal record check, but the results of a criminal record check completed within the past 5 years for another organization that is enrolled or registered with the CRRP.
- ☐ My organization understands that we have the choice to accept a sharing consent form or require a brand new criminal record check to be completed.
- ☐ My organization has reviewed the "works with" category and has completed that portion of the form.

AUTHORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENT

- ☐ I acknowledge the need for proper I.D. verification for the CRRP to conduct a complete risk assessment, and the critical importance of my organization diligently carrying its duties in this regard. Any false statements or deliberate omissions on a consent form filed with the CRRP may result in the inability of the CRRP to accurately determine whether the applicant poses a risk to children or vulnerable adults.
On behalf of the organization, I confirm that the applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: _____ **SIGNATURE:** _____

SECTION 2: FOR APPLICANT USE

SHARING A CRIMINAL RECORD CHECK - APPLICANT CHECKLIST

- ☐ I have completed the attached sharing consent form truthfully, clearly and legibly, and signed and dated it.
- ☐ I have confirmed that the organization I am applying to will allow me to share the results of a previous CRRP criminal record check with them.
- ☐ The organization I am applying to has verified my I.D. in person to confirm my I.D. and ensure that the information on my sharing consent form is accurate.
- ☐ The organization I am applying to will retain the original sharing consent form and will forward a copy to the CRRP on my behalf.
- ☐ I have read and understand the Consent for Release of Information and Acknowledgements (below) and information regarding *Freedom of Information and Protection of Privacy Act* (FOIPPA) on Page 2.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

PURSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT

- ☐ I understand that providing my Driver's Licence number or BCID number pursuant to this sharing authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.
- ☐ I understand that to share the result of a criminal record check, I must have completed a criminal record check within the last 5 years through the CRRP and the sharing request must be for the same type of check as previously completed, either for children, vulnerable adults, or both children and vulnerable adults.
- ☐ I confirm I have completed a criminal record check within the past five years with the CRRP which did not result in a determination of risk to children and/or vulnerable adults as defined in the *Criminal Records Review Act*. I understand no details will be disclosed to the organization I am applying to, only the result. I hereby consent to share the result of the completed check with the organization I am applying to.
- ☐ I understand that if the registrar determines I do not have a criminal record check to share according to the above criteria, I will be promptly notified.
- ☐ I understand that within 5 years of the date of this sharing form, should the CRRP make a determination that I pose a risk to children and/or vulnerable adults, the Deputy Registrar will promptly provide notification to me and to the persons and entities (organizations) identified on this sharing form.





SHARING CONSENT TO A CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed. Providing your Driver's Licence Number or BCID number may expedite the process. Further, all organization specific ID Numbers must be obtained from the organization.

PART 1: APPLICANT INFORMATION

Legal Surname / Last name:		Legal Given / First Name:		Legal Middle Name:	
Date of Birth: YYYY MM DD		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Birthplace: _____	
Additional Names (Alias, Maiden Name, etc.): _____					
Surname / Last Name:		Given / First Name:		Middle Name:	
Mailing Address:		City:	Province:	Country:	Postal Code:
Residential Address (If different from above):		City:	Province:	Country:	Postal Code:
Contact Area Code & Phone No.			Driver's Licence or BCID #:		

PART 2: ORGANIZATION INFORMATION

Organization that I have already completed a criminal record check for under the CRRP:					
Organization Name:		Organization ID Number :		Office Area Code & Phone No:	
Mailing Address:		City:	Province:	Country:	Postal Code:
Organization that I request to share the results of my previous criminal record with:					
Organization Name:				Authorized Contact Name:	
Organization ID Number:		Mailing Address:			
City:	Province:	Country:	Postal Code:	Office Area Code & Phone No:	
Works With (Select ONE default category of Criminal Record Check to be performed for your organization):					
<input type="checkbox"/> Children or <input type="checkbox"/> Vulnerable Adults or <input type="checkbox"/> Children and Vulnerable Adults					

PART 3: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

I have read and understand the Consent for Release of Information and Acknowledgments on Page 1. I hereby consent to these terms as indicated by my signature below:

Applicant Signature

Date Signed YYYY / MM / DD

Freedom of Information and Protection of Privacy Act: The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 6.1 and section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information provided will be used to fulfil the requirements of the *Criminal Records Review Act* for the release of criminal records information in accordance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185 (Option 2).

