

## EMPLOYEE/APPLICANT - CONSENT TO A CRIMINAL RECORD CHECK COVER PAGE

## 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**

<u>, L U</u>	THOM I. FOR ACTIONIZED CONTACT COL								
CC	DNSENT TO A CRIMINAL RECORD CHECK - EMPLOYER ORGANIZATION CHECKLIST								
	The employee/applicant has provided { ^Á; l* æ} ã æã} } with the original, completed and signed consent form to submit to the Criminal Records Review Program (CRRP). FORMS SUBMITTED BY APPLICANTS 8 ≠ 97 H@MHC H< 9 7 FFD WILL NOT BE PROCESSED.								
	T ̂ Á l* æ) ã æ 續 } Á will submit a copy of the consent form to the CRRP and will retain the original consent form for 5 years.								
	T ^Á 1* æ) ã æá } Áwill 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 ̂ Á l* æ) ã æ 額 } Á æ reviewed the Äschedule typeÄ and Äworks withÄcategory of the form.								
Αl	AUTHORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENTS								
	On behalf of the organization, I confirm that the employee's/applicant's primary and secondary I.D. have been verified.								
AUT	HORIZED CONTACT NAME: SIGNATURE:								
SEC	TION 2: FOR EMPLOYEE/APPLICANT USE								
	DNSENT TO A CRIMINAL RECORD CHECK - EMPLOYEE/APPLICANT CHECKLIST								
	I have completed the attached consent form truthfully learl As a 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.								
	My employer or organization will retain the originals of the forms and will forward a copy to the CRRP on my behalf.Á								
	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.								
C	ONSENT : CF RELEASE OF INFORMATION AND ACKNOWLEDGMENTS								
Pl	URSUANT 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 <i>Freedom of Information and Protection of Privacy Act</i> (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 c@ <i>İCriminal Records Act</i> . 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 <i>Criminal Records Review Act</i> 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.								

 $\textbf{Website:} \ \text{http://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check} \\ \textbf{Phone:} \ 1-855-587-0185 \ (Option 2)$ 

Ministry of Public Safety and Solicitor General Criminal Records Review Program Policing and Security Programs Branch Security Programs Division





organization must complete the Schedule Type and 'WORKS WITH' category portion of the form.

## **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

Schedule Type (Choose one):	A   _   B		) [E				
WORKS WITH (Choose one):	children	vulnerab	ole adults	children	and vulnerable	adults	
PART 1: APPLICANT INFORMATI	ON						
Legal Surname / Last Name:	ven / First Nar	ne:	Legal N	Legal Middle Name:			
Date of Birth:	Se	x:	F Birt	hplace:			
YYYY MM DD							
Additional Names (Alias, Maiden Na		-inst Nisses		N 4: al all a	Maria a .		
Surname / Last Name:	Given / F	Given / First Name:			Middle Name:		
Mailing Address:		City:		Province:	Country:	Postal Code:	
Residential Address (If different from	m above):	City:		Province:	Country:	Postal Code:	
Contact Phone No.:	Dri	ver's Licen	icence or BCID#:				
Applicant E-mail Address (REQUIRE	ED to receive y	our payment o	ptions):				
PART 2: ORGANIZATION INFORM	MATION						
To be completed by an Authorize	d Contact of	the organizat	ion:				
Organization Name:							
Authorized Contact Name and Title:		ID Number (Provided to the organization from the CRRP):			m the CRRP):		
Mailing Address:			I				
City: Pro	ovince:	(	Country:		Postal Code:		
Office Area Code & Phone No:							
PART 3: POSITION WITH ORGAN	IIZATION (RE	QUIRED)					
Applicant's Position / Job Title w	<u> </u>						
	Ū						
PART 4: SCHEDULE D ONLY MUS	ST PROVIDE						
Licensed Child Care Name, Adult	Care Facility	Name, or Co	ntracted C	ompany Name	e:		
PART 5: CONSENT FOR RELEAS	SE OF INFOR	MATION AND	ACKNOW	U EDGMENTS			
I have read and understand the Consent for by my signature below:					consent to these ter	ms as indicated	
Applicant Signature	oplicant Signature Date Signed YYYY / MM / DD						
Freedom of Information and Protection of Priv Act section 4(1) and section 26(c) of the Freedom the Criminal Records Review Act for the release of cri information, please contact the Policy Analyst, Crimina	n of Information and minal records information	Protection of Privaction in accordance with	y Act (FOIPPA) ith the FOIPPA	. The information provide . If you have question	ed will be used to fulfil the ns about the collection	requirements of of your personal	

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