



Consent to a CRIMINAL RECORD CHECK

For working with children and / or vulnerable adults

IMPORTANT: Please read information and instructions on Page 2. To avoid processing delays, ensure all relevant fields are complete and payment is included with the form.

Schedule Type*: A B C D E F

WORKS WITH (choose one): children vulnerable adults children and vulnerable adults

If you are unsure which 'works with' category to check, please contact your organization.

PART 1 – APPLICANT INFORMATION – To be completed by all schedule types.

Last Name: _____ First: _____ Middle: _____

Birth Date: _____ (yyyy/mm/dd) Gender: Male Female Birth Place: _____ (City, Province/State, Country)

OTHER NAMES USED OR HAVE USED: (e.g., maiden name, birth name, or previous married name)

Surname: _____ First: _____ Middle: _____

Surname: _____ First: _____ Middle: _____

Surname: _____ First: _____ Middle: _____

Mailing Address: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Contact Phone : (_____) _____ BC Driver Licence # : _____

PART 2 – ORGANIZATION INFORMATION – To be completed by all, except Schedule F.

Section A Complete this section if you have been provided with an ID number from Criminal Records Review Program.

Organization Name: _____
Employer / Childcare Resource Referral Program (CRRP) / Health Authority / Governing Body / Education Institution / Office of Independent Schools

Organization Contact Name or Title (the person to receive the result of the check): _____

ID Number (provided by the Criminal Records Review Program): _____

Section B If you are unable to provide an ID Number please complete ALL of Section B.

Organization Name: _____

Organization Contact Name or Title (the person to receive the result of the check): _____

Mailing Address (result of the check is sent here): _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Office Phone: (_____) _____ Fax: (_____) _____

Applicant's Position / Job Title with Organization: _____

Governing Body Licence or Registration # (if applicable): _____

PART 3 – Schedule D Only must provide:

Licensed Child Care or Adult Care Facility Name: _____

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS:

I have read and understand the Consent for Release of Information and Acknowledgements on Page 2. I hereby consent to these terms as indicated by my signature below:

Applicant Signature

Parent or Guardian Signature for Applicant Under 19 Years of Age

Date Signed



Consent to a Criminal Record Check (Schedule A, B, C, D, E or F)

INFORMATION and INSTRUCTIONS

Page 1 is set up with 'form fields' so you may complete it at your computer then print the number of copies required. You may also complete the form by hand, but please print clearly using dark ink. Processing delays will result if form is submitted incomplete, incorrect or if information cannot be read clearly. For information contact the Criminal Records Review Program at (250) 387-6981 or toll-free 1-800-663-7867.

SCHEDULE TYPES (including specific instructions for each schedule type)

Schedule A: use if the individual is an employee working with children and / or vulnerable adults and does not meet any description of schedules B, C, D or E. The employer retains the original signed consent form.

Schedule B: use if the individual is a) applying for membership or is a registered member of a B.C. governing body, or b) is applying for, or has certification, or a letter of permission to teach through the Office of Inspector of Independent Schools, B.C. Ministry of Education, or c) is a registered student in a post secondary program with a practicum component involving work with children and / or vulnerable adults. See website www.pssg.gov.bc.ca/criminal-records-review/who-qualifies/index.htm for a complete list of Governing Bodies covered under the Criminal Records Review Act. Either the governing body, Office of Inspector of Independent Schools or the post secondary institution retains the original form.

Schedule C: use if the individual is a volunteer, a resident age 12 or older, or a manager or owner / operator of a licence-not-required child care facility. The child care facility must apply for registration or be registered with their regional provincial Child Care Resource and Referral program. The local Child Care Resource and Referral Program must complete PART 2 of this form and retains the original signed consent form.

Schedule D: use if the individual is a manager or owner operator applying for or already holds a child care or adult care (vulnerable adults) facility licence, or is the manager's or owner operator's family member age 12 or older living in the facility. The local Health Authority, Community Care and Assisted Living facilities licensing office must complete PART 2 of this form and retains the original signed consent form. Individuals must also complete PART 3.

Schedule E: use if the individual is an employee or a volunteer at a child care or adult care (vulnerable adults) facility, licensed under the Community Care and Assisted Living Act which is administered by local health authority community care facility licensing offices. The manager or owner / operator of the facility keeps the original signed consent form.

Schedule F: use if the individual is a student (ECE college level or high school) on work placement at a child care facility, or a child care substitute, or a child care worker working at multiple facilities applying for registration on the Short-term Registry. The short-term registry applicant keeps the original form. NOTE, effective January 1, 2012 ECE students will be considered Schedule B and Schedule F will be discontinued.

CHECKLIST for Applicant

- I understand which 'schedule type' and which 'works with' category pertains to me (if this is not clear, please contact your organization).
- I have checked off which Schedule Type (A,B,C,D,E or F) I am submitting for a Criminal Record Check and indicated which 'works with' category.
- I have completed all the applicable sections clearly and legibly.
- I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Privacy Act (FOIPPA) — (outlined below).
- I have signed and dated the Consent for Criminal Record Check form.
- Payment: **I have provided the \$20 processing fee (non-refundable) by:**
 - Visa or MasterCard – and have completed the Credit Card Usage Form (www.pssg.gov.bc.ca/criminal-records-review/shareddocs/credit-card.pdf)
 - Certified cheque or money order made payable to the Minister of Finance
 - My organization will pay the \$20.00 processing fee
- I understand that my employer or organization will retain the originals of the forms I have completed and will forward a copy with the processing fee to the Criminal Records Review Program on my behalf unless I am a Schedule F then I am to retain the original signed consent form.

CHECKLIST for Organization

- The employee/applicant will provide you with the original, completed and signed consent form and applicable attachments.
- Retain the original form(s).
- Forward a copy of the form(s), along with payment, to the Criminal Records Review Program by either method below:
 - 1) **MAIL** : Criminal Records Review, Ministry of Public Safety and Solicitor General, PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1
 - 2) if the fee is being paid by credit card, you have the option to **FAX** the credit card authorization form with the completed form to: 250 356-1889.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT

- I hereby consent to a check for records of criminal 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 hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the Criminal Records Review Act.
- Where the results of this 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.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children and / or physical, sexual or financial abuse to vulnerable adults as applicable.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

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FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.



Criminal Records Review Program Application for Pre-Authorized CREDIT CARD USAGE

To be completed if paying by credit card.

Directions: You may complete the form fields at your computer, print, then sign and date *OR* print the form out and complete using a dark ink pen, printing clearly and carefully. The form must be signed and dated and all information must be complete in order for the record check to proceed. Incomplete forms will be returned. **Credit card information should not be e-mailed.** Mail or fax this form to the Criminal Records Review Program (address below).

PART A – CREDIT CARD PAYMENT AUTHORIZATION

I authorize the use of the following credit card to cover criminal record check(s) fees as follows (**check one**):

Payment Type: Visa Mastercard

I hereby authorize to deduct \$20.00 for each applicant listed in Part B — \$ _____ (total payment authorized).

I wish to establish a drawdown account.

I wish to replenish an existing drawdown account.

Credit Card Number: _____

Expiry Date: _____ / _____
(Month / Year)

Print Cardholder's Last Name: _____

First Name: _____

Signature of Cardholder: _____

Date signed: _____ / _____ / _____
(Year / Month / Day)

Address: _____

Telephone No: _____

Postal Code _____

Name of Organization: _____

PART B – INDIVIDUAL(S) REQUIRING A CRIMINAL RECORD CHECK:

Clearly print the names of individuals requiring a criminal record check and for whom applications are attached (a list of names is not required for those establishing or replenishing a Draw Down account).

Surname	First Given Name	Middle Name(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART C – FOR SECURITY PROGRAMS USE ONLY:

Invoice # _____ Trans # or Approval # _____ Completed by _____ Date _____

PSSG 08-000 01/2010

Making British Columbia
a Safer Place for Children



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

Mailing Address:
P.O. Box 9217 STN PROV GOVT
Victoria, BC V8W 9J1
Fax: (250) 356-1889