



Consent to a CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 2. Ensure payment is included with form.

Schedule Type*: A B C D E F

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

Last Name: _____ Full First: _____ Full 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

Please complete this section if you have an ID number from Criminal Records Review Program

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

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

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

Section B

Organization Name: _____ Name of Subcontractor (if applicable): _____

Mailing Address: _____

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

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

Applicant's Employment Position / Job Title (if applicable): _____

Contact / Licensing Officer Name (if applicable): _____

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

PART 3 – Complete for Schedule D Only

Child 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

Schedule A: use if the employee is working with children and does not qualify under any of the following schedules within the scope of the Criminal Records Review Act. The employer retains the original signed consent form.

Schedule B: use if the individual is a) an applicant for membership to a governing body or b) is applying for or has certification or a letter of permission under the Independent School Act or c) is a registered student with an education institution with a practicum component involving work with children which leads to certification by a governing body. See website www.pssg.gov.bc.ca/criminal-records-review/act/who.htm for a complete list of Governing Bodies covered under the Criminal Records Review Act. The governing body, office of independent schools or the education institution retains the original signed consent form.

Schedule C: use if the individual is a volunteer, a resident aged 12 or older, or is an owner/operator of a licence-not-required child care facility. Use the Application to Waive Fees if the individual is a resident 12-18 years (inclusive) at a licence-not-required child care facility. The CRRP retains the original signed consent form.

Schedule D: use if the individual is an owner/operator applying for a child care facility licence, or a resident age 12 or older at a licensed child care facility. The local health authority retains the original signed consent form.

Schedule E: use if the individual is an employee or a volunteer at a licensed child care facility. The employer retains 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 applying for registration on the Short-term Registry. (Use the Application to Waive Fees only if the individual is a B.C. high school student enrolled at a B.C. high school on a school-arranged voluntary work placement/work experience in a child care facility.) The individual retains the original signed consent form.

CHECKLIST for Applicant

- I understand which schedule type pertains to me.
- At the top of page one of the consent form, I have checked off which Schedule Type (A,B,C,D,E or F) I am submitting for a Criminal Record Check.
- 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:**
 - 1) Visa or MasterCard – and have completed the Credit Card Usage Form (www.pssg.gov.bc.ca/criminal-records-review/forms/CreditCard.pdf)
 - 2) Certified cheque or money order made payable to the Minister of Finance; or
 - 3) I have not included the \$20 payment but have completed and attached an Application for Fee Waiver (www.pssg.gov.bc.ca/criminal-records-review/forms/FeeWaiver.pdf - see information on the website to determine eligibility for a fee waiver).
- 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 (Company/Ministry/CRRP/Health Authority/Governing Body/Education Institution/ Office of Independent Schools)

- 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 offences 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 offence 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 offence 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 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;
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon;
- If I am charged with or convicted of a relevant offence 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.

Page 2 of 2

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.