



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

(*It is mandatory to indicate the schedule type. For assistance in determining the schedule type, please refer to Page 2.)

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: () Governing Body Licence or Registration: 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: School District No. 71 (Comox Valley)
Company / Ministry / Childcare Resource Referral Program (CCRRP) / Health Authority / Governing Body

ID Number (provided by the Criminal Records Review Office): 110647

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

Section B

Employer 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): Lynda-Marie Handfield, Director of Human Resources

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 of this form 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 please 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 an applicant for membership to a governing body. See website www.pssg.gov.bc.ca/criminal-records-review/ for a complete list of Governing Bodies covered under the Criminal Records Review Act. The governing body 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 CCRRP 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

- Confirmation of Employment: I have been formally offered an employment position working with children directly or having, or potentially having unsupervised access to children or I am seeking registration to a governing body/licensing agency. Note: Criminal Record checks will not be processed for individuals in volunteer positions, with the exception of volunteers at child care facilities (Schedule C or E only).
- 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:

CASH - OR
MONEY ORDER - PAYABLE SB #71 (Comox Valley)

- I understand that my employer 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/CCRRP/Health Authority/Governing Body)

- 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:
 - 1) MAIL : Criminal Records Review, Ministry of Public Safety and Solicitor General, PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1 or
 - 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 as listed in Schedule 1 of the Act.
- Where the results of this check indicate that a criminal record for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- I also hereby authorize the Deputy Registrar, Criminal Records Review Program, as an "authorized body" under the Act, to determine whether I have a criminal record for a sexual offence as listed in the federal Criminal Records Act.
- The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children.
- I understand that the Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any sexual 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.

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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.