

Criminal Records Review Act

Making British Columbia
a Safer Place for Children



www.pssg.gov.bc.ca/criminal-records-review/index.htm

Authorization Number: _____

CONSENT to a Criminal Record Check Schedule A – EMPLOYEE

IMPORTANT: There is a processing fee of \$20 to be submitted in the form of a certified cheque or money order payable to the Minister of Finance, or by VISA or Mastercard using the credit card information form. The criminal record check will not proceed without payment and the fee cannot be refunded once the process has started unless it is determined that the Criminal Records Review Act does not apply. If the form is not signed and/or has information missing, there will be processing delays.

EMPLOYEE: Completing the applicable sections and the signing of this form provides your consent to process a criminal record check on you through the Ministry of Public Safety and Solicitor General. **DIRECTIONS:** Complete this form online, print, then date & sign (or complete it using a dark ink pen, printing clearly and carefully). The form must be signed, dated and all information must be complete in order for the record check to proceed. When the form is completed and signed by you, **please forward it to your employer.**

EMPLOYER: Retain the original of this form, completed by the Employee, and depending on payment method, either

a) **Mail a copy**, along with the **certified cheque or money order** to:

Criminal Records Review Program, Ministry of Public Safety and Solicitor General
Security Programs Division, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1

OR b) **Fax** this form, completed by Employee, along with the **credit card information form** to (250) 356-1889

(Please ensure the \$20 fee is submitted as outlined above and included with the completed form.)

PART A – EMPLOYEE’S CURRENT FULL LEGAL NAME: (do not use initials)

Last: _____ First : _____ Middle : _____

Drivers Licence Number: _____ Province or State: _____
(Canada or US only)

OTHER NAMES YOU ARE USING OR HAVE USED: (e.g., maiden or birth name, or previous married name if you have changed it.)

Last: _____ First : _____ Middle : _____

Last: _____ First : _____ Middle : _____

Last: _____ First : _____ Middle : _____

PART B – CURRENT MAILING ADDRESS:

Apartment #, RR #, Street _____

Town/City _____ Province _____ Country _____ Postal Code _____

Telephone: home (_____) _____ work (_____) _____

PART C – PLACE/DATE OF BIRTH:

DATE OF BIRTH:

Town/City _____

| ____ | ____ | ____ |

Province/State _____ Country _____

Year Month Day
(eg. June 13, 1952 is 1952|06|13)

PART D – PERSONAL DESCRIPTION (check as appropriate):

Gender: Male Female

Eye Colour: Black Blue Brown Green Gray Hazel Other (e.g., multi-colour) _____

Natural Hair Colour: Black Blonde Brown Red Gray White Bald Other (e.g., multi-colour) _____



BRITISH COLUMBIA

Ministry of Public Safety
and Solicitor General

Policing and Community Safety Branch

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. If you have any questions about the collection or use of this information, please contact Enquiry BC at 1-800-663-7867 and ask for 250 387-6898. If calling from Victoria, BC, phone 387-6898.

CONFIRMATION OF EMPLOYMENT

Requests for criminal record checks can only be done on individuals who have been **formally offered a paid position that works with children directly or having or potentially having unsupervised access to children.** Criminal record check forms cannot be processed and a criminal record check cannot be completed for individuals applying for employment or for individuals not working with children.

Please indicate yes or no to the following questions to determine if you require a criminal record check:

My employer has formally offered me a paid position Yes No

The position works with children, or has/potentially has unsupervised access to children Yes No

If you have checked 'No' to either question, please have your supervisor/HR office contact the Criminal Records Review Program directly before continuing as you may not be included under the Criminal Records Review Act.

PART E – EMPLOYEE INFORMATION:

Last Name: _____ First Name : _____ Middle Name(s): _____

PART F – EMPLOYER INFORMATION:

Employer/Organization/Ministry Name: _____

Sub-Contractor (if applicable): _____

Contact Name: _____ Telephone: (____) _____ Fax: (____) _____

Mailing Address: _____

Town/City: _____ Province: _____ Postal Code: _____

PART G – EMPLOYMENT POSITION:

Position/Job Title: _____

Briefly describe how this position works directly or indirectly with children:

PART H – CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS:

I hereby consent to the conduct of a check for records of criminal convictions pursuant to the B.C. Criminal Records Review Act to determine whether I have a conviction or outstanding charge for any relevant offence as listed in Schedule 1 of the Criminal Records Review 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, Ministry of Public Safety and Solicitor General, as an "authorized body" under the federal Criminal Records Act, to determine whether I have a criminal record for a sexual offence as listed in the Schedule of the Criminal Records Act and for which I have received a pardon. I further consent to the disclosure of this pardoned criminal record to the Deputy Registrar.

I understand that where it has been determined that I have a criminal record for a relevant offence under the Criminal Records Review Act OR a pardon for a criminal record for a sexual offence as set out in the Schedule of the Criminal Records Act, the Deputy Registrar, designated under the Criminal Records Review Act, will determine whether or not I present a risk of physical or sexual abuse to children.

I understand that the Deputy Registrar's determination, which will be disclosed to my employer, 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 employer and to provide my employer with a new signed 'Consent to a Criminal Record Check' form, in a timely manner.

For Office Use Only

Applicant Signature: _____ **Date of Signature:** _____

Parent/Guardian Signature for Applicant Under 19 Years of Age: _____ **Date of Signature:** _____