BRITISH COLUMBIA

For Internal Use

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 your email address is provided for payment purposes**. Note: no cash or personal cheques are accepted. Providing your Driver's Licence Number may expedite the process.

Schedule Type (choose one): ☐ A ☒ B ☐ C ☐ D ☐ E

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

If you are unsure which 'schedule type' or `works with' category to select, please contact your organization.

PART 1: APPLICANT INFORMATION:

Legal Surname / Last name:	Legal Given / First Name:	Legal Middle Name:

Date of Birth: YYYY MM DD Gender: ☐ M ☐ F Birthplace:

Additional Names (Alias, Maiden Name, etc.):

Surname / Last Name:	Given / First Name:	Middle Name:

Residential Address:	City:	Province:	Country:	Postal Code:
Mailing Address (if different from above):	City:	Province:	Country:	Postal Code:

Contact Area Code & Phone No.	E-mail Address **(REQUIRED to receive your payment options)**:	Driver's Licence #:

PART 2: ORGANIZATION INFORMATION:

SECTION A Complete this section if you have been provided an ID number by the Criminal Records Review Program (CRRP).

Organization Name: LANGARA COLLEGE CONTINUING STUDIES - AROMATHERAPY

Organization Contact Name or Title (The person receiving the result of the check):	ID Number (Provided by the CRRP):
Karen Ramsden, Program Coordinator holistichealth@langara.ca	2336434

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

Organization Name:	Organization Contact Name or Title:

Mailing Address:

City:	Province:	Country:	Postal Code:

Office Area Code & Phone No:	Organization E-mail Address:

SECTION C

Applicant's Position / Job Title with Organization:	• Organization type MUST be selected • ID MUST be verified

Organization Type: ☐ Health Authority ☐ Community Living BC ☐ Contractor ☐ Licensed Child Care Facility ☐ Unlicensed Child Care Facility ☐ Licensed Adult Care Facility ☐ Independent / Private School ☐ Ministry ☐ School District ☐ University ☒ College ☐ Government Agency ☐ Other:

PART 3: SCHEDULE D ONLY MUST PROVIDE:

Licensed Child Care or Adult Care Facility Name:

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

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 YYYY / MM / DD

Phone: toll-free 1-855-587-0185 (Option 2) **Fax:** 250-953-0408 **Email:** criminalrecords@gov.bc.ca
Website: http://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check

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

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

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 listed in schedule 2 of the Criminal Records Review Act, or b) is a registered student in a post secondary program with a practicum component involving work with children and / or vulnerable adults. The requesting organization retains the original form.

Schedule C: use if the individual is 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 the 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 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 at a child care or adult care (vulnerable adults) facility, licensed under the Community Care and Assisted Living Act. The manager or owner / operator of the facility retains the original signed consent form.

CHECKLIST for Applicant

- ☐ - I understand which `schedule type' and which `works with' category pertains to me (if this is not clear, please ask your organization).
- ☐ - I have completed the applicable sections of the form truthfully, clearly and legibly, and signed and dated it.
- ☐ - I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Privacy Act (FOIPPA).
- ☐ - My organization has verified my ID in person to confirm my identity and information on the consent form is accurate.
- ☐ - I have provided my email address for payment purposes.
- ☐ - My employer or organization will retain the originals of the forms I have completed.

CHECKLIST for Organization

- ☐ - The employee/applicant will provide you with the original, completed and signed consent form.
- ☐ - Verify the ID of each employee/applicant in person to confirm their identity and to ensure the information matches what was provided on the consent form. NOTE: Please use a Canadian Driver's Licence if the applicant has one.
- ☐ - Retain the original form(s) for 5 years.
- ☐ - Forward a copy of the form(s) to the Criminal Records Review Program by mail or fax:

  MAIL: Criminal Records Review, Ministry of Public Safety and Solicitor General,
  PO Box 9217 Stn Prov Govt, Victoria BC V8W 961

  FAX: 250-953-0408

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 charges and convictions to determine whether I have a conviction or out-standing charge for any relevant or specified offence(s) under the Criminal Records Review Act;
  - 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 been granted a pardon for any sexual offences of the Criminal Records Act.
  - I understand a criminal record check under the Criminal Records Review Act is required at least once every five years.
  - Go to the RCMP website for additional details on vulnerable sector checks: http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court, corrections, 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 t or any police investigations deemed relevant by the Registrar.
- 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 of 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 au-thorized 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.

The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 4(1) and section 26(c) of the ***Freedom of Information and Protection of Privacy Act*** **(FOIPPA)**. The information provided will be used to fulfil 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 questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at to 1-855-587-0185.