Form 400-1

qathet School District

Criminal Record Check Consent Form

Criminal Record Check Consent Form

Contact HR@sd47.bc.ca to request a current Criminal Record Check Consent form.

Sample

Ministry of Public Safety and Solicitor General

BRITISH COLUMBIA

For Internal Use

EMPLOYEE/APPLICANT CONSENT TO A CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all fields are complete. Providing your Driver's Licence number or BCID number may expedite the process. Your organization must complete the Schedule Type and 'WORKS WITH' category portion of the form.

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

WORKS WITH (Choose one): ☐ children ☐ vulnerable adults ☐ children and vulnerable adults

PART 1: APPLICANT INFORMATION

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

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

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

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

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

Contact Phone No.: Driver's Licence or BCID#:

Applicant E-mail Address **(REQUIRED to receive your payment options)**:

PART 2: ORGANIZATION INFORMATION

To be completed by an Authorized Contact of the organization:

Organization Name: SCHOOL DIST 47 POWELL RIVER

Authorized Contact Name and Title: ID Number (Provided to the organization from the CRRP): 109983

Mailing Address:

City:	Province:	Country:	Postal Code:

Office Area Code & Phone No:

PART 3: POSITION WITH ORGANIZATION (REQUIRED)

Applicant's Position / Job Title with Organization:

PART 4: SCHEDULE D ONLY MUST PROVIDE

Licensed Child Care Name, Adult Care Facility Name, or Contracted Company Name:

PART 5: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

I have read and understand the Consent for Release of Information and Acknowledgments on Page 1. I hereby consent to these terms as indicated by my signature below:

Applicant Signature Date Signed YYYY / MM / DD

Freedom of Information and Protection of Privacy Act: 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 in accordance 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 1-855-587-0185 (Option 2).

Website: http://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check
Phone: 1-855-587-0185 (Option 2)

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

CRR010 REV 05/MAY/2018

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