



Criminal Record Check Consent Form

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

Sample



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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: <input type="checkbox"/> M <input type="checkbox"/> 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>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:</i>				
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 28(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 Prev Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185 (Option 2).				

