



Ministry of
Public Safety
and Solicitor General

Criminal Records Review Program

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

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 : ()

BC Driver License # :

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:
Company / Ministry / Childcare Resource Referral Program (CCRRP) / Health Authority / Governing Body / Education Institution / Office of Independent Schools
ID Number (provided by the Criminal Records Review Office):

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

Section B

Organization 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):

Governing Body Licence or Registration # (if applicable):

PART 3 – Complete for Schedule D Only

Child Care Facility Name:

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS:

Please tick the top line or both lines and sign below:
 I have read and understand the Consent for Release of Information and Acknowledgments on Page 2. I hereby consent to these terms as indicated by my signature below.

I hereby authorize "School District 36 - Surrey" to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

Applicant Signature

Parent or Guardian Signature for
Applicant Under 19 Years of Age

Date Signed

Meeting Services
A Social Worker for Children



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

Mailing Address:
P.O. Box 9217 STN PROV GOVT
Victoria, BC V8W 9L1
Fax: (250) 356-1889

Courier Address:
4000 Seymour Place
Victoria, BC V8X 1W5

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

INFORMATION and INSTRUCTIONS

Page 1 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 contact the Criminal Records Review Program at (250) 387-6981 or toll-free 1-800-863-7887.

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(s) is a) an applicant for membership to a governing body or b) is applying for or has certification or a letter of permission under the Independent School Act or c) is a registered student with an education institution with a practicum component involving work with children which leads to certification by a governing body. See website www.pssg.gov.bc.ca/criminal-records-review/fact/who.htm for a complete list of Governing Bodies covered under the Criminal Records Review Act. The governing body, office of independent schools or the education institution 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

- I understand which schedule type pertains to me.
- 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.
 - 1) Payment: I have provided the \$20 processing fee (non-refundable) by:
 - 1) Visa or MasterCard – and have completed the Credit Card Usage Form (www.pssg.gov.bc.ca/criminal-records-review/forms/CreditCard.pdf)
 - 2) Certified cheque or money order made payable to the Minister of Finance; or
 - 3) I have not included the \$20 payment but have completed and attached an Application for Fee Waiver (www.pssg.gov.bc.ca/criminal-records-review/forms/FeeWaiver.pdf - see information on the website to determine eligibility for a fee waiver).
- I understand that my employer or organization 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 than I am to retain the original signed consent form.

CHECKLIST for Organization (Company/Ministry/CCRRP/Health Authority/Governing Body/Education Institution/ Office of Independent Schools)

- 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 under the Criminal Records Review Act.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence 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 offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant 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.



Leslie Mortimore is signed in on behalf of SCHOOL DIST 36

CRC - Print Your Form

Criminal Record Checks

Request CRC -- Form Retention and Payment

A criminal record check request (CRC Request) has been saved for:

Barbara Benuisic -- Applicant Service Number: 867877

The fee of \$20.00 has been deducted from your draw-down account and will show up on your monthly statement.

1. Form Retention

For audit purposes, the Criminal Records Review Program requires the organization to retain the applicant's original, signed CRC request for a period of five (5) years.

- If you have been entering data from a CRC request form, handwritten and signed by the applicant, that form should be retained as required--the applicant does not have to sign this electronic form once printed. Be sure to **write the applicant Service Number** on the original handwritten form for future reference.



- If you do not yet have the applicant's signature, you must print this electronic CRC Request form and obtain the applicant's signature as required. Select 'Print'.

2. More forms to enter?

If you have more forms to enter in this session, select 'New Form'.



Schedule Type: SCHEDULE A - WEB SERVICE

Applicant Information

Surname: Benuisic
 Given Name (1): Barbara
 Given Name (2): Jean
 Birth Date: (yyyy/mm/dd) 1949/04/28
 Gender: Female
 Birth Place: (City, Province/State, Country) Edmonton, Albert