



BRITISH  
COLUMBIA

Ministry of  
Justice

## 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 a payment of \$28 is included with the form. 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 'works with' category to check, 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: <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:	Country:	Province:	Postal Code:
Contact phone no. ( )		Driver's Licence #:			

### PART 2: ORGANIZATION INFORMATION:

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

Organization Name: Langara College

Organization Contact Name or Title (The person receiving the result of the check): Michele McLaurin	ID Number (Provided by the Criminal Records Review Program): 580914
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**SECTION B** If you are unable to provide an ID Number please complete ALL of Section B.

Organization Name:			
Mailing Address:			
City:	Province:	Country:	Postal Code:
Office Phone:		Fax:	
Applicant's Position / Job Title with Organization:		<ul style="list-style-type: none"> <li>• Organization type MUST be selected</li> <li>• ID MUST be verified</li> </ul>	

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

Visit the Criminal Records Review Program online at:  
www.pssg.gov.bc.ca/criminal-records-review  
Email: sgspdp@gov.bc.ca

**Ministry of Justice**  
Criminal Records Review Program  
Policing and Security Programs Branch, Security Programs Division  
PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1  
Phone: toll-free 1-855-587-0185 Fax: (250) 356-1889

CRR010 / 2013-11-21

# 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 volunteer, 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.
- My payment of \$28 is attached. See the website for acceptable payment methods.
- 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.

### 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 identity and ensure the information matches that provided on the consent form. Note: Please use Canadian Driver License if applicant has one.
- Retain the original form(s).
- Forward a copy of the form(s), along with payment, to the Criminal Records Review Program by mail or fax:
  - MAIL: Criminal Records Review, Ministry of Justice, PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1
  - FAX the credit card authorization form, available at: [www.pssg.gov.bc.ca/criminal-records-review/shareddocs/creditcard.pdf](http://www.pssg.gov.bc.ca/criminal-records-review/shareddocs/creditcard.pdf) with the completed consent 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 charges and convictions to determine whether I have a conviction or outstanding 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: [www.rcmp-grc.gc.ca/cr-cj/vulner/index-eng.htm](http://www.rcmp-grc.gc.ca/cr-cj/vulner/index-eng.htm)
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court 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 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 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.

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 (250) 387-2896.

APPLICATION FOR PRE-AUTHORIZED  
CREDIT CARD USAGE

## Criminal Records Review Program

## TO BE COMPLETED IF PAYING BY CREDIT CARD

**Directions:** You may complete the form fields at your computer, print, then sign and date it. OR you may print the form out and complete it using a dark ink pen, printing clearly and carefully. The form must be signed and dated and all information must be complete in order for the record check to proceed. Incomplete forms will be returned. **Credit card information should not be emailed.** Mail or fax this form to the Criminal Records Review Program (address below).

## PART A – INDIVIDUAL(S) REQUIRING A CRIMINAL RECORD CHECK:

Clearly print the names of individuals requiring a criminal record check and for whom applications are attached (a list of names is not required for those establishing or replenishing a Draw Down account).

Surname	First Given Name	Middle Name(s)

## PART B – FOR SECURITY PROGRAMS USE ONLY:

Bundle #:

Completed by:

## PART C – CREDIT CARD PAYMENT AUTHORIZATION

I authorize the use of the following credit card to cover criminal record check(s) fees as follows (**check one**):

Payment Type: ☐ Visa ☐ Mastercard☐ I hereby authorize to deduct \$28.00 for each applicant listed in Part A: \$ \_\_\_\_\_ (total payment authorized).☐ I wish to establish a drawdown account.☐ I wish to replenish an existing drawdown account.

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
(Month / Year)

Print Cardholder's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Date signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month / Day / Year)

Mailing Address:

City:

Country:

Province:

Postal Code:

Contact phone no.  
( )

Name of Organization: