



Montessori Training Centre of British Columbia

CONFIDENTIAL Health Certificate for Montessori Students

PART I: To be filled in by the Student

Name: _____ Birth Date: _____ Sex: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

Do you have or have you had any serious health problems? _____

If yes, please describe and give dates:

Dated: _____ Signature of Student: _____

PART 2: To be filled in by the Examining Physician

I have examined the above named person and certify that s/he is:

1. Free from disease in a communicable form; and
2. In satisfactory physical and mental condition which will permit close association with children without danger to them.

Has this person ever had a serious illness? If so, describe:

Please date, sign and affix your Physician Identification stamp to this certificate. The originally signed form must be returned to the student to submit to the Montessori Training Centre of BC.

Date: _____ Signature of Physician: _____

Print Name of Physician: _____

Address: _____

Note: Chest X-Ray or Tuberculin Skin Test is not compulsory. Consult with your physician.

“Follow the Child...”



Montessori Training Centre of British Columbia

Criminal Record Check Instructions: Canadian

Canadian and Permanent Resident Applicants:

1. Consent to a Criminal Record Check Form:
 - a. **Part 1:** Fill in, printing **VERY CLEARLY, in black ink**. If you have a Canadian Driver's Licence, your Driver's Licence number must be provided in Part 1.
 - b. **Part 2:** Do not fill out, will be completed by the Montessori Training Centre
 - c. **Part 3:** Sign and date.
 - d. Submit the Consent to a Criminal Record Check form to the Montessori Training Centre along with your completed Application Package.
 - e. **DO NOT FAX THE FORM TO THE MINISTRY OF JUSTICE.** The Montessori Training Centre is required to retain the completed Consent forms on your student records file.
 - f. The Montessori Training Centre will fax your Consent form to the Ministry of Justice and receive your Criminal Record Check results letter. A copy of the results letter will be provided to you for Practicum and Observation purposes.
2. Application for Pre-Authorized Credit Card Usage Form:
 - a. **Part A:** Clearly and carefully print your name in this section.
 - b. **Part C:** Fill in this section answering ALL questions. Incomplete forms will be returned.
 - c. Indicate Payment Type (Visa or MC) and authorize the \$28 payment.
 - d. For "Name of Organization", print Montessori Training Centre of British Columbia.
 - e. Submit the Pre-Authorized Credit Card Usage form to the Training Centre along with your Consent to a Criminal Record Check form.
3. The Ministry of Justice requires that the Training Centre verify each applicant's ID before we are able to fax the forms to the Ministry. Applicants are required to provide **two (2)** pieces of ID. One piece of ID must be government issued and must display the applicant's name, date of birth, signature and photo. The following is a list of acceptable ID:

Acceptable ID: driver's license, learner's license, passport, BCID card, Canadian birth certificate, Permanent Resident Card, Canadian Citizenship Card or Canadian Record of Landing/Canadian Immigration Identification Record, foreign birth certificate (not a baptismal certificate), foreign driver's license, naturalization certificate, BC CareCard or native status card.

NOTE: A minimum of one piece of Government Issued ID, displaying the applicant's date of birth, signature and photo must be provided.

Please contact us if you have questions regarding the Criminal Record Check process.

"Follow the Child..."



Montessori Training Centre of British Columbia

Criminal Record Check Instructions: International

Please note that you must provide a Criminal Record Check from your home country as well as the completed forms necessary to run a Criminal Record Check in Canada.

International Applicants:

1. Provide a Criminal Record Search or Police Record Check from your home country.
2. Provide a copy of your Birth Document (not a Baptismal Certificate) **and** a copy of your personal government photo ID (i.e. passport, driver's license) for verification purposes.
3. Include the above-noted documents in your Application Package.

Canadian Criminal Record Check:

1. Consent to a Criminal Record Check Form:
 - g. **Part 1:** Fill in, printing **VERY CLEARLY**, in black ink. If you have a Canadian Driver's Licence, your Driver's Licence number must be provided in Part 1.
 - h. **Part 3:** Sign and date. (**Part 2** will be completed by the Montessori Training Centre.)
 - i. Submit the Consent to a Criminal Record Check form to the Montessori Training Centre along with your completed Application Package.
 - j. **DO NOT FAX THE FORM TO THE MINISTRY OF JUSTICE.** The Montessori Training Centre is required to retain the completed Consent forms on your student records file.
 - k. The Montessori Training Centre will fax your Consent form to the Ministry of Justice and receive your Criminal Record Check results letter. A copy of the results letter will be provided to you for Practicum and Observation purposes.
2. Application for Pre-Authorized Credit Card Usage Form:
 - f. **Part A:** Clearly and carefully print your name in this section.
 - g. **Part C:** Fill in this section answering ALL questions. Incomplete forms will be returned.
 - h. Indicate Payment Type (Visa or MC) and authorize the \$28 payment.
 - i. For "Name of Organization", print Montessori Training Centre of British Columbia.
 - j. Submit the Pre-Authorized Credit Card Usage form to the Training Centre along with your Consent to a Criminal Record Check form.
3. The Ministry of Justice requires that the Training Centre verify each applicant's ID before we are able to fax the forms to the Ministry. Applicants are required to provide **two (2)** pieces of ID. One piece of ID must be government issued and must display the applicant's name, date of birth, signature and photo. The following is a list of acceptable ID:

Acceptable ID: driver's license, learner's license, passport, BCID card, Canadian birth certificate, Permanent Resident Card, Canadian Citizenship Card or Canadian Record of Landing/Canadian Immigration Identification Record, foreign birth certificate (not a baptismal certificate), foreign driver's license, naturalization certificate, BC CareCard or native status card.

NOTE: A minimum of one piece of Government Issued ID, displaying the applicant's date of birth, signature and photo must be provided.

Please contact us if you have questions regarding the Criminal Record Check process.

"Follow the Child..."



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:

Form with fields for Legal Surname / Last name, Legal Given / First Name, Legal Middle Name, DATE OF BIRTH, GENDER, BIRTHPLACE, ADDITIONAL NAMES, 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.

Form with fields for Organization Name, Organization Contact Name or Title, ID Number.

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

Form with fields for Organization Name, Mailing Address, City, Province, Country, Postal Code, Office Phone, Fax, Applicant's Position / Job Title with Organization.

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

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 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
- 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.



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).

Table with 3 columns: Surname, First Given Name, Middle Name(s). Multiple empty rows for data entry.

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: _____ / _____
(Print Cardholder's Last Name: _____ First Name: _____
Signature of Cardholder: _____ Date signed: _____ / _____ / _____

Mailing Address: _____ City: _____
Country: _____ Province: _____ Postal Code: _____ Contact phone no. ()
Name of Organization: _____