



EMPLOYEE/APPLICANT - CONSENT TO A CRIMINAL RECORD CHECK COVER PAGE

THIS FORM MUST BE SIGNED BY THE EMPLOYER ORGANIZATION AUTHORIZED CONTACT AND SUBMITTED WITH THE EMPLOYEE/APPLICANT CONSENT FORM

SECTION 1: FOR AUTHORIZED CONTACT USE

CONSENT TO A CRIMINAL RECORD CHECK - EMPLOYER ORGANIZATION CHECKLIST

- Consent checklist items for employer organization: original consent form, copy submission, I.D. verification, and "works with" category.

AUTHORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENTS

- Acknowledgement of I.D. verification for CRRP and consequences of false statements.

On behalf of the organization, I confirm that the employee's/applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: _____ SIGNATURE: _____

SECTION 2: FOR EMPLOYEE/APPLICANT USE

CONSENT TO A CRIMINAL RECORD CHECK - EMPLOYEE/APPLICANT CHECKLIST

- Consent checklist items for employee/applicant: truthful completion, I.D. verification, original retention, and FOIPPA acknowledgment.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

PURSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT:

- Consent for release of information items: criminal charges, law enforcement systems, vulnerable sector search, document release, fingerprint verification, and reporting obligations.



Empty box for internal use

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 [x] B [] C [] D [] E

WORKS WITH (Choose one): [x] 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: MONTESSORI TRAINING CENTRE OF BC

Authorized Contact Name and Title: Erin Higginbottom ID Number (Provided to the organization from the CRRP): 110254

Mailing Address: 1410 Nanton Avenue

City: Vancouver Province: BC Country: Canada Postal Code: V6H 2E2

Office Area Code & Phone No: (604)261-0864

PART 3: POSITION WITH ORGANIZATION (REQUIRED)

Applicant's Position / Job Title with Organization:

Practicum Student

PART 4: SCHEDULE D ONLY MUST PROVIDE

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

N/A

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).