



## FEE WAIVER – CONSENT TO A CRIMINAL RECORD CHECK

### For working with children and / or vulnerable adults

The Criminal Records Review Act, section 27.1, allows the Registrar to waive the payment of the prescribed fee for a criminal record check when the waiver is considered to be in the public interest. **To be eligible for the fee waiver, you must meet one of the following conditions:**

**Check the box that is applicable to you:**

- A resident, 12-18 years of age (inclusive) at a licence-not-required facility registered with the local Child Care Resource and Referral Centre (CCRRC). The CCRRC must be listed as the organization in Part 2 of Page 1 of the consent form (Schedule C)
- A resident, 12-18 years of age (inclusive), at a licensed child care or adult care facility with the Health Authority Licensing office listed as the organization in Part 2 of the consent form and the name of the facility listed in Part 3 (Schedule D)

**IMPORTANT:** Please read information and instructions on Page 2. To avoid processing delays, ensure all relevant fields are complete. Providing your Driver's Licence Number may expedite the process.

**Schedule Type** (choose one):  C  D

**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:	
Residential Address:		City:	Province:	Country:	Postal Code:
Mailing Address (If different from above):		City:	Province:	Country:	Postal Code:
Contact Area Code & Phone No.:			Driver's Licence #:		

#### PART 2: ORGANIZATION INFORMATION: To be completed by the organization

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

Organization Name:	
Organization Contact Name or Title (The person receiving the result of the check):	ID Number (Provided by the CRRP):

**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 Area Code & Phone No.:		Organization E-mail Address:	



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### SECTION C

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>
<b>Organization Type:</b> <input type="checkbox"/> Health Authority <input type="checkbox"/> Community Living BC <input type="checkbox"/> Contractor <input type="checkbox"/> Licensed Child Care Facility <input type="checkbox"/> Unlicensed Child Care Facility <input type="checkbox"/> Licensed Adult Care Facility <input type="checkbox"/> Independent / Private School <input type="checkbox"/> Ministry <input type="checkbox"/> School District <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Government Agency <input type="checkbox"/> 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 3. 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 C or D)

### Schedule Types (including specific instructions for each schedule type)

**Schedule C:** use if the individual is 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.

### CHECKLIST for Applicant

- 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 employer or organization has verified my ID in person to confirm my identity and information on the consent form is accurate.
- My employer or organization will retain the originals of the forms I have completed.

### CHECKLIST for Organization

- The employee will provide you with the original, completed and signed consent form.
- Verify the ID of each employee / applicant in person to confirm their identity and ensure the information matches what was provided on the consent form. NOTE: Please use a Canadian Driver's Licence if the applicant has one.
- Retain the original form(s) for five years.
- Forward a copy of the forms(s), to the Criminal Records Review Program by mail or fax:  
MAIL: Criminal Records Review, Ministry of Public Safety and Solicitor General,  
PO Box 9217 Stn Prov Govt,  
Victoria BC V8W 961  
FAX: 250-953-0408

### 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 to the *Criminal Records Review Act*.
- I understand a criminal record check under the *Criminal Records Review Act* is required at least once every 5 years.
- Visit the RCMP website for additional details on vulnerable sector checks: <http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court, corrections, 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 offense(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 any 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 1-855-587-0185.