



An individual applying for a security worker licence must provide particulars of any mental health condition for which the individual has received treatment: Security Services Act, s. 3, Security Services Regulations, s. 4(1)(e). The same reporting requirements apply to any individual who is in the control of, or has the ability to control, a security business: Security Service Act, s. 13, Security Services Regulations, s.4(2)(c).

Types of mental health conditions/illnesses considered: mood disorders (such as depression and bipolar disorder), schizophrenia, anxiety disorders, personality disorders.

You can download the FORM and provide it to your physician to fill out from www.pssg.gov.bc.ca/securityindustry/worker/forms-guide.htm (#SPD0511). OR, your physician may download it and fill it out on a computer if you provide the information needed in Part 1. You may attach a separate sheet if more space is required than allotted on this form.

PART 1: PATIENT INFORMATION

LEGAL NAME: (Surname) (Given) (Middle)

Date of birth: YYYY-MM-DD Security Worker Licence Number: (if known)

Please print clearly

PART 2: PHYSICIAN'S REPORT

1. Provide detailed description/definition of the mental health condition the patient is/has been in your care for:

[Empty box for detailed description of mental health condition]

- 2. The patient: [] is undergoing rehabilitation (outline, below, the plans or current activities for rehabilitation) [] has a mental health condition but it is now under control (explain below) [] no longer suffers this condition (explain below)

[Empty box for explanation of rehabilitation or control status]

3. Is this patient required to take medications for the condition ? [] No [] Yes If yes, please describe below.

[Empty box for medication information]

4. Could this mental health condition interfere with the patient's ability to work and/or interact with people?

No Yes If yes, please describe below.

AND in the case of an individual who is in the control of, or has the ability to control, a security business, could this mental health condition interfere in the patient's ability to control or manage a security business?

No Yes If yes, please describe below.

5. Do you have any concerns with the patient's condition and the position he or she wishes to hold, or does hold, as a security worker or in a security business?

No Yes If yes, please describe below.

Physician's name (please print):

Physician's stamp (Clinic name and address):

Signature: _____

Date signed (YYYY-MM-DD): _____

DISCLOSURE: All information regarding this application is collected under the *Security Services Act* and its Regulations and will be used for that purpose. The use of this information will comply with the *Freedom of Information and Privacy Act* and the *Federal Privacy Act*. If you have questions regarding the collection or use of this information, please contact 1-855-587-0185.

Ministry of Justice

Policing and Security Branch, Security Programs Division

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