

Centralized Services Hub
Contracted Agency Caregiver Screening
**Consent for Disclosure
of Criminal Record Information**

Information on this form will be used for the purpose of administering requirements of the *Child, Family and Community Service Act* (CFCSA) in compliance with the privacy provisions of the *Freedom of Information and Protection of Privacy Act* or CFCSA. Any questions about the use, collection or disclosure of this information may be directed to Centralized Services Hub, 250-356-6085, CSH.GeneralEnquiries@gov.bc.ca

SECTION 1 – IDENTIFICATION

SURNAME		GIVEN NAME(S)			
PREVIOUS SURNAME(S) OR MAIDEN NAME		FIRST NAME OR ALIAS			
PRIMARY ID NO. (Driver Licence preferred)	SECONDARY GOVERNMENT ID NO.	DATE OF BIRTH (YYYY/MM/DD)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER ()	
CITY/TOWN OF BIRTH		PROVINCE/STATE OF BIRTH	COUNTRY OF BIRTH		
CURRENT ADDRESS		CITY/TOWN	PROVINCE	POSTAL CODE	
PREVIOUS ADDRESS (if less than 5 years at current address)		CITY/TOWN	PROVINCE	POSTAL CODE	
PREVIOUS ADDRESS START DATE (YYYY/MM/DD)	PREVIOUS ADDRESS END DATE (YYYY/MM/DD)	EMAIL ADDRESS			

SECTION 2 – CONSENT TO DISCLOSURE OF RCMP INFORMATION

Pursuant to Section 8(1) of the *Privacy Act* of Canada, I hereby authorize the Royal Canadian Mounted Police (RCMP) to disclose my personal information, based solely on a match between the information that I have provided in Section 1 of this form with any information located on police computer systems and information located through local police indices — this will include all police involvements, all information related to non-convictions and all charges regardless of disposition. The disclosure will be provided by a member of the RCMP without confirmation of identity through a finger print check. I further authorize the RCMP to disclose this information directly to the Ministry of Public Safety and Solicitor General (PSSG), which will forward the information to a delegate of the director under the *Child, Family and Community Service Act* (CFCSA).

SECTION 3 – CONSENT TO DISCLOSURE OF BC CORRECTIONAL & COURT SYSTEMS INFORMATION

I authorize a search of information by the Ministry of Public Safety and Solicitor General (PSSG) of British Columbia’s correctional and court systems about criminal charges and convictions (including convictions that have been pardoned). I further authorize PSSG to disclose this information directly to a delegate of the director under the CFCSA.

SECTION 4 – WAIVER AND RELEASE

I hereby release and forever discharge Her Majesty the Queen in Right of Canada, Her Majesty the Queen in Right of British Columbia, the Royal Canadian Mounted Police, their members, employees, agents and assigns from any and all actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of the information and waive all rights thereto.

SECTION 5 – PURPOSE AND CONSENT TO DISCLOSURE

I understand that a delegated worker will review the information obtained through the criminal record checks I have consented to in sections 2 and 3, and communicate to the agency for which I have applied for employment, whether it can proceed in assessing my suitability as a caregiver.

This consent and acknowledgment is valid from the date of signature until a delegate of the director has communicated to the agency, for which I have applied, whether it can proceed in assessing my suitability.

APPLICANT'S SIGNATURE	DATE SIGNED (YYYY/MM/DD)
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SECTION 6 – SELF DISCLOSURE

Full disclosure of all charges and convictions is required, including information as a Young Offender. Failure to fully disclose all charges and convictions is deemed sufficient grounds to deny the application.

Have you ever been charged or convicted of a criminal offence?
(This will include all charges regardless of disposition, or outcome)

YES NO

Year of Offence (YYYY)	Location of Offence(s)	Offence/Charge	Disposition (Court Outcome)

I make this solemn declaration that the information provided to the questions above is true and complete.

APPLICANT'S SIGNATURE	DATE SIGNED (YYYY/MM/DD)
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MCFD, DAA, or LAA OFFICE USE ONLY

REFERENCE NUMBER (i.e. RE, FS CS, AH)	DATE SENT TO PSSG (YYYY/MM/DD)
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