



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.

SECTION 1 - IDENTIFICATION

Form with fields for SURNAME, GIVEN NAME(S), PREVIOUS SURNAME(S) OR MAIDEN NAME, FIRST NAME OR ALIAS, PRIMARY ID NO., SECONDARY GOVERNMENT ID NO., DATE OF BIRTH, GENDER, 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).

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...

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).

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.

Form with fields for APPLICANT'S SIGNATURE and DATE SIGNED (YYYY/MM/DD)

SECTION 6 – SELF DISCLOSURE

Full disclosure of all charges and convictions is required, including information as a Young Offender pursuant to Section 119(1)(o) of the *Youth Criminal Justice Act*. 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)
-----------------------	--------------------------

MCFD, DAA, or LAA OFFICE USE ONLY

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