



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 - APPLICANT IDENTIFICATION

Form with fields: SURNAME, GIVEN NAME(S), GENDER (M/F), DATE OF BIRTH (YYYY/MM/DD), PHONE NUMBER, PREVIOUS SURNAME(S), FIRST NAME OR ALIAS, NAME OF AGENCY

SECTION 2 - INFORMED CONSENT

As part of the screening process to determine my suitability as a caregiver for children in care (CICs), I authorize a prior contact check to be conducted on me by a delegate of a Director under the Child, Family and Community Service Act.

SECTION 3 - PURPOSE

I understand that a delegate of the director will review the information obtained through the prior contact check and communicate to the agency identified in section 1 whether it can proceed in assessing my suitability as a caregiver for CICs.

SECTION 4 - CONSENT TO DISCLOSURE

If information is found through the prior contact check that is relevant to assessing my suitability to care for CIC's, I understand that I will be contacted by a delegate of the director to discuss the information.

I consent to a delegate of the director disclosing to the agency identified in section 1 whether it can proceed in assessing my suitability.

SECTION 5 - SIGNATURE

This consent and acknowledgment is valid from the date of the signature, until a delegate of the director has communicated to the agency identified in section 1, whether it can proceed in assessing my suitability.

Form with fields: SIGNATURE OF APPLICANT, DATE (YYYY/MM/DD)

SECTION 6 - REQUESTING OFFICE

Centralized Services Hub
MCFD
Phone: 250-356-6085
Email: CSH.GeneralEnquiries@gov.bc.ca