



SHARING - CONSENT TO A CRIMINAL RECORD CHECK

THIS FORM MUST BE SIGNED BY THE AUTHORIZED CONTACT OF THE ORGANIZATION THAT WILL BE RECEIVING THE RESULTS OF THE SHARING REQUEST

POLICE CHECKS ARE NOT SHAREABLE BY THE CRRP

AUTHORIZED CONTACT SIGNATURE REQUIREMENT – ACCOUNTABILITY AND ACKNOWLEDGEMENTS

I acknowledge the need for proper I.D. verification for the CRRP to conduct a complete risk assessment, and the critical importance of my organization diligently carrying its duties in this regard. Any false statements or deliberate omissions on a consent form filed with the CRRP may result in the inability of the CRRP to accurately determine whether the applicant poses a risk to children or vulnerable adults.

On behalf of the organization, I confirm that I have verified the identity of the applicant for this criminal record check.

AUTHORIZED CONTACT NAME

SIGNATURE

PART 1: APPLICANT INFORMATION ALL FIELDS ARE REQUIRED UNLESS INDICATED AS OPTIONAL

LEGAL SURNAME / LAST NAME	LEGAL GIVEN / FIRST NAME	MIDDLE NAME <i>optional</i>
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DATE OF BIRTH <small>YYYY/MM/DD</small>	SEX <i>optional</i> <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X	PLACE OF BIRTH (CITY AND COUNTRY)
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ADDITIONAL NAMES (Alias, Maiden Name, etc.)

SURNAME / LAST NAME	GIVEN / FIRST NAME:	MIDDLE NAME:
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SURNAME / LAST NAME	GIVEN / FIRST NAME:	MIDDLE NAME:
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RESIDENTIAL ADDRESS	CITY	COUNTRY	POSTAL CODE
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MAILING ADDRESS <i>if different from above</i>	CITY	COUNTRY	POSTAL CODE
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CONTACT PHONE	EMAIL	DRIVER'S LICENSE or BCID # <i>optional</i>
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PART 2: ORGANIZATION INFORMATION

Organization that will be receiving the results of my previous criminal record check:

ORGANIZATION NAME	ORGANIZATION ID <i>provided by CRRP</i>
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AUTHORIZED CONTACT NAME	OFFICE PHONE NUMBER
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MAILING ADDRESS

CITY	PROVINCE	COUNTRY	POSTAL CODE
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WORKS WITH (please choose the ONE default category of criminal record check applicable to your organization):

CHILDREN VULNERABLE ADULTS BOTH CHILDREN AND VULNERABLE ADULTS

PART 3: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

- As an applicant having undergone a previous criminal record check under the Criminal Records Review Act (CRRA), I hereby request to share the results of my criminal record check with the organization I am now applying to. I understand that to share the result of a criminal record check, I must have completed a criminal record check within the last 5 (five) years through the Criminal Records Review Programs (CRRP). I also understand that the sharing request must be for the same type of check as previously completed, either for children, vulnerable adults, or both children and vulnerable adults.
- I confirm I have completed a criminal record check within the past 5 (five) years with the CRRP which did not result in a determination of risk to children and/or vulnerable adults as defined in the CRRA. I understand that my sharing request is for an organization enrolled or registered with the CRRP, and that no details will be disclosed to the organization I am applying to, only the result. I hereby consent to share the result of the completed check with the organization I am applying to.
- I understand that if the Registrar determines I do not have a criminal record check to share according to the above criteria, I will be promptly notified. I also understand that even if I have a criminal record check to share according to the above criteria, the organization I am applying to is under no obligation to accept my sharing request and may require that I undergo a new criminal record check under the CRRA.
- I understand that within 5 (five) years of the date of my providing this Consent to Share a Criminal Record Check, should the Deputy Registrar make a determination that I pose a risk to children and/or vulnerable adults, the Deputy Registrar will promptly provide notification to me and to the persons and entities (organizations) identified in this Sharing form.

PART 4: SIGNATURE AND DATE

I certify that to the best of my knowledge, the information that I have provided on this form is complete and accurate. I have read and understand the Consents and Acknowledgements in Part 3 above. I hereby consent to these terms as indicated by my signature below:

APPLICANT'S SIGNATURE

DATE SIGNED (YYYY/MM/DD)

The Security Programs Division (SPD) will collect your personal information for the purpose of fulfilling the criminal record check requirements of the *Criminal Records Review Act* and in accordance with section 26(c) and 27(1)(a)(i) and (b) of the *Freedom of Information and Protection of Privacy Act* (FoI/PPA). Additionally, SPD may collect personal information under section 26(e) and 27(1)(a)(i) and (b) of FoI/PPA for the purpose of evaluating the Criminal Records Review Program and activities to better serve you. Should you have any questions about the collection, use, or disclosure of your personal information, please contact the Policy Analyst of the Criminal Records Review Program, Security Programs Division via mail to PO Box 9217 Stn Prov Govt Victoria, BC V8W 9J1; email to criminalrecords@gov.bc.ca; or by telephone at 1-855-587-0185 (option 2).