



## Criminal Records Review Program (CRRP) Employer Organization Enrolment Form

To enrol with the program, employer organizations must:

- Be employers under the *Criminal Records Review Act* (CRRRA)
- Have employees work with or who have potential unsupervised access to children or vulnerable adults

This questionnaire helps us determine whether your organization can enrol with our program. Please answer the following four questions. If you are unsure how to respond, please contact our client service centre.

### Are you an employer under the CRRRA?

Section 1 of the CRRRA defines which employers can enrol with our program. Please select one option that best describes your organization from the list below.

- A childcare facility or daycare
- A health board, hospital, or care facility
- A school board, district, or education authority
- An organization or person who receives operating funds from the province
- A mainly government-owned corporation
- A provincial government ministry or related agency
- A registered health professional or social worker
- A governing body under the Health Professions Act or the Social Workers Act
- An Act or minister appointed board, commission, or council
- None of these options apply to my organization

### Does your organization receive operating funds from the B.C. government?

The CRRRA defines “operating funds” as ongoing, regular funding for core programs or staff. Please select one option that best describes your organization from the list below.

- My organization receives operating funds from the B.C. government
- I am not sure if my organization receives operating funds from the B.C. government
- My organization does not receive operating funds from the B.C. government

**Do your employees work with or have potential unsupervised access to children or vulnerable adults?**

To access our program, your employees must:

- Work with children or vulnerable adults, *or*
- Have potential unsupervised access to children or vulnerable adults in their day-to-day work

The CRRA defines a “child” as an individual under 19. The CRRA defines a “vulnerable adult” as an individual 19 and over who is receiving ongoing, non-emergency health services. Please select one option that best describes your employees from the list below.

- My employees work with, or have potential unsupervised access to, children
- My employees work with, or have potential unsupervised access to vulnerable adults
- My employees work with, or have potential unsupervised access to, children and vulnerable adults
- My employees do not work with, or have potential unsupervised access to, children and vulnerable adults

Please tell us how your employees will work with children or vulnerable adults:

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**CRRP may ask your organization to provide further documentation to assist us in determining your eligibility for our program**

<b>ORGANIZATION INFORMATION</b>			
<b>Organization Name:</b>			
<b>Phone:</b>			
<b>Organization Email for Receiving Record Check Results:</b>			
<b>Mailing Address:</b>			
<b>City:</b>	<b>Province:</b>	<b>Country:</b>	<b>Postal Code:</b>
<b>Physical Address (if different from above):</b>			
<b>City:</b>	<b>Province:</b>	<b>Country:</b>	<b>Postal Code:</b>
<b>Organization Employees Work With (select one):</b>			
Select the default category of Criminal Record Check to be performed for your organization.			
<input type="checkbox"/> Children or <input type="checkbox"/> Vulnerable Adults           or <input type="checkbox"/> Children and Vulnerable Adults			
<b>AUTHORIZED PRIMARY CONTACT</b>			
<b>Authorized Primary Contact Name:</b>			
<b>Job Title:</b>			
<b>Date of Birth (Year/Month/Date):</b>			
<b>Personal Organization Email:</b>			
<b>AUTHORIZED SECONDARY CONTACT</b>			
<b>Authorized Secondary Contact Name:</b>			
<b>Job Title:</b>			
<b>Date of Birth (Year/Month/Date):</b>			
<b>Personal Organization Email:</b>			
<b>AUTHORIZED SECONDARY CONTACT</b>			
<b>Authorized Secondary Contact Name:</b>			
<b>Job Title:</b>			
<b>Date of Birth (Year/Month/Date):</b>			
<b>Personal Organization Email:</b>			

The information requested on this form is collected under the authority of the Criminal Records Review Act section 4(1) and section 26(c) of the **Freedom of Information and Protection of Privacy Act (FOIPPA)**. The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Criminal Records Review Program.

Telephone: 1-855-587-0185 (Option 2)

Email: [criminalrecords@gov.bc.ca](mailto:criminalrecords@gov.bc.ca)

Website: <https://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check/employer-organizations>

**Ministry of Public Safety and Solicitor General**  
**Criminal Records Review Program**

## Terms and Conditions for Employers that Enrol in the CRRP

- The CRRP will confirm enrolment of your organization by email.. Your organization will be provided a unique link and access code. Only authorized contacts should provide access codes to employees to initiate checks.
- If your organization has volunteers and employees covered under the Criminal Records Review Act, you must enrol two separate profiles for the online service, one for 'volunteers' and one for 'employees'.
- If you enrol to conduct checks and sharing requests for employees, you must not use your unique link to the online service for employees for volunteer checks.
- Upon confirmation of enrolment into the online service, your organization will direct employees to the CRRP online service via the unique website link reserved for employees.
- For employee CRRP checks, there is a \$28 processing fee which may be paid by credit card within the online service when submitting a request for a criminal record check.
- Individuals may request to share their criminal record check results between one or more organizations registered with the CRRP. There is no fee for an employee to request to share a criminal record check result.
- If the online service electronic identity verification fails for any reason, or the criminal record check or sharing request cannot be completed online, the organization must re-confirm the identity of the applicant in person and submit a paper consent form by fax, email, or mail to the CRRP.
- Should the Authorized Contact leave the organization, have a new Authorized Contact complete the Organizations Account Information Update process.
- Misuse of the CRRP online service or disregard for the terms and conditions may result in suspension or cancellation of services.

On behalf of the above noted organization, I hereby certify that I agree to the terms and conditions for using the Criminal Records Review Program (CRRP) to facilitate criminal record checks on our employees, contractors, or students who work with children and/or vulnerable adults, including the above terms and conditions for enrolment in the CRRP online service.

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Name

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Signature (on behalf of organization)

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Date Signed (YYYY/MM/DD)

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