

Consent to a CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 2.

Schedule B

PART 1 – APPLICANT/REGISTRANT INFORMATION

Last Name: Full First: Full Middle:

Birth Date: (yyyy/mm/dd) Gender: ☐ Male ☐ Female Birth Place: (City, Province/State, Country)

OTHER NAMES USED OR HAVE USED: (e.g., maiden name, birth name, or previous married name)

Surname: First: Middle:

Surname: First: Middle:

Surname: First: Middle:

Mailing Address:

City: Province: Country: Postal Code:

Contact Phone : () BC Driver Licence # :

PART 2 – ORGANIZATION INFORMATION

Organization Name: BRITISH COLUMBIA COLLEGE OF SOCIAL WORKERS
Governing Body

ID Number (provided by the Criminal Records Review Office): 004

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS:

- ☒ I have read and understand the Consent for Release of Information and Acknowledgements on Page 2. I hereby consent to these terms as indicated by my signature below.
- ☒ I hereby authorize my organization as indicated in Part 2 - Organization Information to conduct criminal record checks **on an ongoing basis, every five years**. I understand that I may contact my organization to withdraw this consent for future criminal record checks.

Applicant Signature

Parent or Guardian Signature for
Applicant Under 19 Years of Age

Date Signed

Page 1 of 2



Consent to a Criminal Record Check (Schedule B)

INFORMATION and INSTRUCTIONS

Page 1 is set up with 'form fields' so you may complete it at your computer then print the number of copies required. You may also complete the form by hand, but please print clearly using dark ink. Processing delays will result if the form submitted is incomplete, incorrect or if information cannot be read clearly. For more information, contact the British Columbia College of Social Workers at (604) 737-4916.

Schedule B: use if the individual is a) applying for membership or is a registered member of a B.C. governing body listed in Schedule 2 of the *Criminal Records Review Act*, or b) is a registered student in a post-secondary program with a practicum component involving work with children and/or vulnerable adults. The requesting organization retains the consent form.

CHECKLIST for Applicant/Registrant

- ☐ I have completed all the applicable sections of the form truthfully, clearly and legibly, and signed and dated it.
- ☐ I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Privacy Act (FOIPPA) – **(outlined below)**.
- ☐ I have signed and dated the Consent to a Criminal Record Check form.
- ☐ I understand the British Columbia College of Social Workers will retain proof of the original form and will submit information from this form to the Criminal Records Review Program for the purposes of the *Criminal Records Review Act*.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT

- I hereby consent to a check for records of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the *Criminal Records Review Act*;
 - I hereby consent to a check of all available law enforcement systems, including any local police records.
 - I hereby consent to a vulnerable sector search to check if I have been convicted of and been granted a pardon for any sexual offences of the *Criminal Records Act*.
 - I understand a criminal record check under the *Criminal Records Review Act* is required at least once every five years.
 - Go to the RCMP website for additional details on vulnerable sector checks: <http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the *Criminal Records Review Act*.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children;
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon;
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

The information requested on this form is collected under the authority of the section 4(1) of the *Criminal Records Review Act* and section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). The information provided will be used to fulfill 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 Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185.