



Ministry of Education



Consent to a Criminal Record Check For working with children and/or vulnerable adults

Schedule Type: B – APPLICANT TO/CERTIFICATE HOLDER WITH MINISTRY OF EDUCATION

Pursuant to the Criminal Records Review Act, all applicants to and certificate holders with the Ministry of Education must undergo a criminal record check, which includes a vulnerable sector check, every five years.

IMPORTANT: Please complete this form using a dark ink pen, printing clearly and carefully. There may be a delay in processing if the form is submitted incomplete or incorrectly, or if information cannot be read.

PART 1 – APPLICANT/CERTIFICATE HOLDER INFORMATION

File or Certificate Number (if assigned): _____

Surname: _____ 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. alias, 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's Licence Number: DL _____ (Please leave blank if you don't have a BC Driver's Licence.)

Email Address: _____

PART 2 – ORGANIZATION INFORMATION – For Office Use Only

Employer Name: Teacher Regulation Branch, Ministry of Education ID Number: 15/606188

Mailing Address: 400 – 2025 W Broadway

City: Vancouver Province: BC Country: Canada Postal Code: V6J 1Z6

Office Phone: 604 775-4880 Fax: 604 775-4859

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

[] I authorize the Ministry of Education to submit my information to the Criminal Records Review Program on an ongoing basis every 5 years.

I have read and understand the Consent for Release of Information and Acknowledgements on the reverse. I hereby consent to the terms as indicated by my signature below.

Signature: _____ Date Signed: (yyyy/mm/dd) _____

**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 Review Act*.
- I understand a criminal record check under the *Criminal Records Review Act* is required at least once every five years.
- 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 or specified offence(s) 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 or specified offence(s) 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 or specified offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual or financial abuse to vulnerable adults as applicable.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- If I am charged with or convicted of a relevant or specified offence(s) 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.

* Go to the RCMP website for additional details on vulnerable sector checks: www.rcmp-grc.gc.ca/en/criminal-record-and-vulnerable-sector-checks.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): 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 Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1 855 587-0185. Visit the Criminal Records Review Program online at: www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check.

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