THOMPSON RIVERS UNIVERSITY | School of Nursing

HCA - NURSING PROGRAM

INSTRUCTIONS FOR COMPLETING THE CONSENT TO A CRIMINAL RECORD CHECK FORM

Please read the following instructions carefully before filling in the Consent to a Criminal Record Check form. Be sure to complete both pages 1 and 2.

Page 1:

- Read and complete the Checklist for Applicant located in **Section 2 "Employee/Applicant Use".**
- Check off each box that applies to ensure you have completed all the required steps. We cannot forward the forms to the Ministry of Justice if the Checklist for Applicant has not been completed.

Page 2: *Note: We have checked off the "Schedule Type" and "Works With" boxes for you.*

- Fill out Part 1 – APPLICANT INFORMATION. Please ensure you have entered all required information.
- Payment methods do not apply as the $28 fee for the criminal record check has been included in your tuition fees.
- If you do not have a driver's license, please do not write anything else in this spot.
- At the bottom of page 2 of the Consent to a Criminal Record Check form, **please sign and date**. If you are under 19 years of age, you must have a parent or guardian sign.

Scan or photocopy two pieces of official photo identification, ensuring photo and all information is clear and legible.

- One piece must be a Primary ID (Driver's license/passport) and the one may be a Secondary ID. See link below for examples of each type of acceptable ID.

  https://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check/identity-verification

Please upload pages 1 and 2 of the Consent to a Criminal Record Check form, along with copies of two pieces of acceptable ID to your Moodle drop box.

IF you have any questions, please contact Program Assistants at:

Email: Nursing@tru.ca

In Subject Line: ATTN: Julie Wiebe, HCA Program

We will forward these forms onto the Ministry of Justice. You will be notified only if you have any relevant charges that would not allow you to work in the community.

Ministry of Public Safety and Solicitor General

EMPLOYEE/APPLICANT - CONSENT TO A CRIMINAL RECORD CHECK COVER PAGE

THIS FORM MUST BE SIGNED BY THE EMPLOYER ORGANIZATION AUTHORIZED CONTACT AND SUBMITTED WITH THE EMPLOYEE/APPLICANT CONSENT FORM

SECTION 1: FOR AUTHORIZED CONTACT USE

CONSENT TO A CRIMINAL RECORD CHECK - EMPLOYER ORGANIZATION CHECKLIST

- ☐ The employee/applicant has provided my organization with the original, completed and signed consent form to submit to the Criminal Records Review Program (CRRP). **FORMS SUBMITTED BY APPLICANTS DIRECTLY TO THE CRRP WILL NOT BE PROCESSED.**
- ☐ My organization will submit a copy of the consent form to the CRRP and will retain the original consent form for 5 years.
- ☐ My organization will verify the I.D. of each employee/applicant in person to confirm their identity and ensure that the information provided on the consent form is accurate.
- ☐ My organization has reviewed the "schedule type" and "works with" category of the form.

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 the employee's/applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: Julie Wiebe **SIGNATURE:** _____

SECTION 2: FOR EMPLOYEE/APPLICANT USE

CONSENT TO A CRIMINAL RECORD CHECK - EMPLOYEE/APPLICANT CHECKLIST

- ☐ I have completed the attached consent form truthfully, clearly and legibly, and signed and dated it.
- ☐ My organization has verified my I.D. in person to confirm my identity and ensure that the information on the consent form is accurate.
- ☐ My employer or organization will retain the originals of the forms and will forward a copy to the CRRP on my behalf.
- ☐ I have read and understand the Consent for Release of Information and Acknowledgements (below) and information regarding the *Freedom of Information and Protection of Privacy Act* (FOIPPA) on Page 2.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

PURSUANT TO THE BC *CRIMINAL RECORDS REVIEW ACT:*

- ☐ I hereby consent to a check 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 understand that providing my Driver's Licence number or BCID number pursuant to this criminal record check authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.
- ☐ 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 received a record suspension (formerly known as a pardon) for any sexual offences as per the *Criminal Records Act*. For more information on Vulnerable Sector searches, please visit the RCMP website: http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks
- ☐ I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity.
- ☐ I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the courts, corrections, and crown counsel relating to any outstanding charges or convictions for any relevant or specified offence(s) as defined under the *Criminal Records Review Act* or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.
- ☐ Where the results of a 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.
- ☐ My organization and I will be notified that I have an outstanding charge or conviction for a relevant or specified offence(s), and that the matter has been referred to the Deputy Registrar for review.
- ☐ 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 determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).
- ☐ If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I further agree to report the charge(s) or conviction(s) to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check Form.

Ministry of Public Safety and Solicitor General

BRITISH COLUMBIA

For Internal Use

EMPLOYEE/APPLICANT CONSENT TO A CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all fields are complete. Providing your Driver's Licence number or BCID number may expedite the process. Your organization must complete the Schedule Type and 'WORKS WITH' category portion of the form.

Schedule Type (Choose one): ☐ A ☒ B ☐ C ☐ D ☐ E

WORKS WITH (Choose one): ☐ children ☐ vulnerable adults ☒ children and vulnerable adults

PART 1: APPLICANT INFORMATION

Legal Surname / Last Name:	Legal Given / First Name:	Legal Middle Name:

Date of Birth: _____ (YYYY) _____ (MM) _____ (DD) Sex: ☐ M ☐ F Birthplace: _____

Additional Names (Alias, Maiden Name, etc.):

Surname / Last Name:	Given / First Name:	Middle Name:

Mailing Address:	City:	Province:	Country:	Postal Code:
Residential Address (If different from above):	City:	Province:	Country:	Postal Code:

Contact Phone No.:	Driver's Licence or BCID#:

Applicant E-mail Address **(REQUIRED to receive your payment options)**:

PART 2: ORGANIZATION INFORMATION

To be completed by an Authorized Contact of the organization:

Organization Name: Thompson Rivers University, HCA/HCAP Program

Authorized Contact Name and Title:	ID Number (Provided to the organization from the CRRP):
Julie Wiebe, Program Assistant, HCA Program	536886

Mailing Address: 840 College Way, NPH 242

City:	Province:	Country:	Postal Code:
Kamloops	BC	Canada	V2C 0C8

Office Area Code & Phone No: 250-828-5457

PART 3: POSITION WITH ORGANIZATION (REQUIRED)

Applicant's Position / Job Title with Organization:

Student – HCA

PART 4: SCHEDULE D ONLY MUST PROVIDE

Licensed Child Care Name, Adult Care Facility Name, or Contracted Company Name:

PART 5: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

I have read and understand the Consent for Release of Information and Acknowledgments on Page 1. I hereby consent to these terms as indicated by my signature below:

_____ Applicant Signature

_____ Date Signed YYYY / MM / DD

Freedom of Information and Protection of Privacy Act: 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 in accordance 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 (Option 2).