



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: [] 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)

1. Other Surname(s) [] Other First Name(s) [] Other Middle Name(s) [] 2. [] [] [] 3. [] [] []

Mailing Address [] [] [] [] City [] Province [] Country [] Postal Code [] BC Driver's Licence Number: DL [] Contact Phone [] Email Address []

PART 2 – ORGANIZATION INFORMATION – For Office Use Only Regulatory Body 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: 604 660-6060 Fax: 604 775-4859

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

I authorize the Ministry of Education to submit my information above to the Criminal Records Review Program ("CRRP") every 5 years for as long as my information remains the same. I agree to provide a new signed Consent to a Criminal Record Check form if my information or the requirements of the CRRP change.

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 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 received a record suspension (formerly known as a pardon) for any sexual offences as per the *Criminal Records Review Act*. For more information on Vulnerable Sector searches, please visit the RCMP website.
- 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.

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 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. Visit the Criminal Records Review Program online at: www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check.

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