



Information on this form will be used for the purpose of administering requirements of the Child, Family and Community Service Act (CFCSA) or the Adoption Act in compliance with the privacy provisions of the Freedom of Information and Protection of Privacy Act or CFCSA. Any questions about the use, collection or disclosure of this information may be directed to the worker identified in section 2 of this form.

SECTION 1 IDENTIFICATION

Form with fields for SURNAME, GIVEN NAME(S), PREVIOUS SURNAME(S) OR MAIDEN NAME, FIRST NAME OR ALIAS, PRIMARY ID NO., SECONDARY GOVERNMENT ID NO., DATE OF BIRTH, GENDER, PHONE NUMBER, CITY/TOWN OF BIRTH, PROVINCE/STATE OF BIRTH, COUNTRY OF BIRTH, CURRENT ADDRESS, CITY/TOWN, PROVINCE, POSTAL CODE, PREVIOUS ADDRESS (if less than 5 years at current address), CITY/TOWN, PROVINCE, POSTAL CODE.

SECTION 2 CONSENT TO DISCLOSURE OF RCMP INFORMATION

Pursuant to Section 8(1) of the Privacy Act of Canada, I hereby authorize the Royal Canadian Mounted Police (RCMP) to disclose my personal information, based solely on a match between the information that I have provided in Section 1 of this form with any information located on police computer systems and information located through local police indices — this will include all police involvements, all information related to non-convictions and all charges regardless of disposition. The disclosure will be provided by a member of the RCMP without confirmation of identity through a finger print check. I further authorize the RCMP to disclose this information directly to the Ministry of Public Safety and Solicitor General (PSSG) which will forward the information to the following delegate of a Director, Child, Family and Community Service Act or Adoption Act or Administrator of a BC Licensed Adoption Agency:

Form with fields for NAME OF DELEGATED SOCIAL WORKER OR ADMINISTRATOR, ORGANIZATION, TITLE, EMAIL ADDRESS, PHONE NUMBER, FAX NUMBER.

SECTION 3 INFORMED CONSENT TO DISCLOSURE OF BC CORRECTIONAL & COURT SYSTEMS INFORMATION

I authorize a search of information by the Ministry of Public Safety and Solicitor General (PSSG) of British Columbia's correctional and court systems about criminal charges and convictions (including convictions that have been pardoned). I further authorize PSSG to disclose this information directly to the delegate of a Director, CFCSA or Adoption Act or administrator of a BC Licensed Adoption Agency, as identified in Section 2.

SECTION 4 WAIVER AND RELEASE

I hereby release and forever discharge Her Majesty the Queen in Right of Canada, Her Majesty the Queen in Right of British Columbia, the Royal Canadian Mounted Police, their members, employees, agents and assigns from any and all actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of information and waive all rights thereto.

SECTION 5 SIGNATURE

This consent for disclosure of police information and BC correctional and court systems information is valid for the role being applied for (as defined in section 6) and for a period of one year from the date of the signature.

Form with fields for APPLICANT'S SIGNATURE, DATE SIGNED (YYYY/MM/DD).

**SECTION 6 CONSENT TO CRIMINAL RECORD SEARCH AND DISCLOSURE OF SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED**

This part of the form is to be used by an applicant to an individual or an organization responsible for the safety and well-being of children, if an applicant who would be in a position of authority or trust; or who may otherwise spend significant and unsupervised time with the children placed in the home and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the *Criminal Records Act*.

**REASON FOR CONSENT**

I am being considered as a care provider for a child or children, or I am a person 18 years or older who lives in the proposed care provider's home or may otherwise spend significant and unsupervised time with the child(ren). Check appropriate box below:

<p>Placement Option:</p> <p><input type="checkbox"/> CFCSA s. 8 Agreement      <input type="checkbox"/> CFCSA s. 54.1 Court Order</p> <p><input type="checkbox"/> CFCSA s. 35(2) (d) or 41(1) (b) Court Order      <input type="checkbox"/> CFCSA s. 94 Foster Family Care Home</p> <p><input type="checkbox"/> <i>Adoption Act</i> s. 6(2) Adoption Home Study      <input type="checkbox"/> CFCSA s. 94 Relief Care for Foster Parent</p>	<p>Organization:</p> <p><input type="checkbox"/> Ministry of Children and Family Development</p> <p><input type="checkbox"/> Delegated Aboriginal Child and Family Service Agency _____ SPECIFY</p> <p><input type="checkbox"/> BC Licensed Adoption Agency _____ SPECIFY</p>
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I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and have been granted or issued a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.

I understand that if, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body.

I further consent to information contained in a criminal record, found as a result of a criminal record search for a sexual offence for which a pardon had been granted or issued, being disclosed by a police force or other authorized body to the Ministry of Public Safety and Solicitor General which in turn will disclose the information to the organization referred to above to which I am applying or have applied for a paid or volunteer position.

I understand that as a result of giving this consent, that information will be disclosed by the police force or other authorized body to the organization, even though a pardon has been granted for the offence.

APPLICANT'S SIGNATURE	DATE SIGNED (YYYY/MM/DD)
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**SECTION 7 SELF DISCLOSURE**

Full disclosure of all charges and convictions is required, including information as a Young Offender pursuant to Section 119(1)(o) of the *Youth Criminal Justice Act*. Failure to fully disclose all charges and convictions is deemed sufficient grounds to deny the application.

**Have you ever been charged or convicted of a criminal offence?**       YES  NO  
 (This will include all charges regardless of disposition, or outcome)

If you answered "yes", give details in the space provided below. Use a separate sheet if necessary.

Year of Offence (YYYY)	Location of Offence(s)	Offence/Charge	Disposition (Court Outcome)

I make this solemn declaration that the information provided to the questions above is true and complete.

APPLICANT'S SIGNATURE	DATE SIGNED (YYYY/MM/DD)
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**MCFD, DAA, or LAA OFFICE USE ONLY**

REFERENCE NUMBER (i.e. RE, FS CS, AH)	DATE SENT TO PSSG (YYYY/MM/DD)
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