



CONSENT TO A CRIMINAL RECORD CHECK for working with children and / or vulnerable adults

IMPORTANT: Please read all information carefully, including consent on following page.

To avoid processing delays, ensure all relevant fields are **completed clearly using a dark ink pen**. **FAXed or scanned emailed copies are not acceptable**. Do not submit directly to the Ministry of Justice. No criminal record check other than that authorized by this consent form is acceptable.

Schedule Type B (to include check for children and vulnerable adults)

PART 1: APPLICANT INFORMATION – completed by Applicant				
Last Name:		First Name:		Middle Name:
Birth Date: (YYYY / MM / DD)		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Birthplace:
Mailing Address (Street, Apt No):				
City:		Province:	Country:	Postal Code:
Contact Phone:			B.C. Driver's Licence #:	
OTHER NAMES USED OR HAVE USED: (e.g., maiden name, birth name, or previous married name)				
Surname:		First Name:		Middle Name:
Surname:		First Name:		Middle Name:
Surname:		First Name:		Middle Name:

PART 2 – ORGANIZATION INFORMATION – completed by Faculty of Education	
Organization Name: UBC Faculty of Education, Teacher Education Office	
ID Number (provided by the Criminal Records Review Program): TEO can provide to Ministry upon request	UBC Student Number:

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

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.

Applicant Signature (if under 19 years old must also have Parent/Guardian 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 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 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.

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 and in the case of child care facilities, the Community Care and Assisted Living Act, and the regulations which govern both these acts. 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.