



**CONSENT TO CRIMINAL RECORD CHECK(S)**  
For working with children and/or vulnerable adults

**IMPORTANT:** Please read all information and instructions below, and complete all sections. Providing your Driver’s Licence Number is not mandatory, but may expedite the process.

**Schedule Type:** Schedule B – I am an applicant for licensure with, or am a licensee of, the College Complementary Health Professionals of BC (CCHPBC), which is a governing body listed in schedule 2 of the *Criminal Records Review Act*.

**Works With:** Children and vulnerable adults

<b>APPLICANT/ LICENSEE INFORMATION</b>									
Legal Surname/Last name:				Legal Given / First Name			Legal Middle Name:		
Date of Birth:	Year	MM	DD	Gender :	Birthplace:	City	Country		
				Male / Female / X					
Additional Names (alias, maiden name etc):									
Surname/Last Name				Given/First Name:			Middle Name:		
Residential Address:					City:	Province:	Country:	Postal code:	
Mailing Address (if different from above):					City:	Province:	Country:	Postal Code:	
Contact Area Code & Phone Number:				Email address:			Driver’s Licence # (optional):		
CCHPBC Licensee Number (if applicable):									
<b>CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT</b>									
<ul style="list-style-type: none"> <li>• 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 <i>Criminal Records Review Act</i>;</li> <li>• I hereby consent to a check of all available law enforcement systems, including any local police records.</li> </ul>									

- 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 Act.
- I understand a criminal record check under the *Criminal Records Review Act* is required at least once every five years, and acknowledge and agree that my signature below constitutes consent to this criminal record check as well as ongoing consent to all required future criminal record checks, unless and until such time as my registration with CCHPBC is cancelled, or until I revoke, in the manner prescribed by CCHPBC, my ongoing consent and authorization.
- Go to the RCMP website for additional details on vulnerable sector checks: <http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- I hereby authorize the release to the Deputy Registrar<sup>1</sup> of any documents in the custody of the police, the court, corrections, 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* or any police investigations deemed relevant by the Registrar<sup>2</sup>.
- 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 CCHPBC 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 CCHPBC 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 CCHPBC and provide CCHPBC, in a timely manner, with a new consent to a Criminal Record Check form.

I have completed this form truthfully, clearly and legibly. I have read and understand the *Consent for Release of Information and Acknowledgments*. I hereby consent to these terms as indicated by my signature below.

Applicant/Licensee Signature:

Date signed ( YYYY / MM / DD ):

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 to 1-855-587-0185.

<sup>1</sup> Of the Criminal Records Review Program

<sup>2</sup> Of the Criminal Records Review Program