



CONSENT TO A CRIMINAL RECORDS REVIEW ACT (CRRA) CHECK - ONLY USED FOR EMPLOYEES OF MCFD / DELEGATED ABORIGINAL AGENCIES AND APPROVED FOSTER CAREGIVERS

IMPORTANT: Please read information and instructions located below and on page 3. To avoid processing delays, ensure all relevant fields are complete. Providing your Driver's Licence Number may expedite the process.

Employees of MCFD or Delegated Aboriginal Agencies: The *Criminal Records Review Act* (CRRA) requires that anyone in British Columbia who is employed or contracted by the government and who works with children or may have unsupervised access to children through their position, obtain a criminal record check under the CRRA.

Foster Caregiver: There are two criminal record checks required for foster caregivers:

Step 1: A Consolidated Criminal Record Check (CCRC)^[1] **must be completed before the home study is completed.**

Step 2: Anyone who is offered a family care home agreement or contract is required to undergo a separate criminal record check under the CRRA. **The CRRA check is to be completed after the home study is completed and the foster parent is being approved but before a family care home agreement or contract is offered.**

Required: To be completed by the organization

- ☐ The applicant is an Employee of MCFD or a Delegated Aboriginal Agency OR
- ☐ The applicant has completed a Consolidated Criminal Record Check (CCRC) and home study and is an approved foster caregiver.

Note: If the applicant does not fit one of the above categories, the CRRA does not have jurisdiction to conduct a criminal record check. Any incomplete or inaccurate forms will be returned to the sender.

Consolidated CRC Service # _____

Date of Local Police Record Check (Contracted Agencies Only) _____

Please review the below noted table which outlines MCFD's requirements to complete the Criminal Record Check by the CRRA versus the Consolidated Criminal Record Check or Police Record Check Process.

Status	Consolidated Criminal Record Check or Local Police Record Check (Contracted Agencies Only)	Criminal Records Review Act Check
Prospective foster caregivers	Yes	No
Approved foster caregivers	Yes	Yes
Those age 18 years or older associated with the foster caregiver	Yes	No
Prospective adoptive parents	Yes	No
Those age 18 years or older associated with the prospective adoptive parents	Yes	No
Prospective out of care care-provider	Yes	No
Those age 18 years or older associated with the out of care care- provider	Yes	No
Prospective 54.1 and 54.01 guardian	Yes	No
Those age 18 years or older associated with the prospective 54.1 or 54.01 guardian	Yes	No
Prospective relief care providers	Yes	No
Those age 18 years or older associated with the relief care-provider	Yes	No
Employees of MCFD, Delegated or Contracted Agencies who work with children	No	Yes

¹ As outlined in the *Criminal Record Check Policy and Procedures for Caregivers*. Contracted Agencies, as per the *Policy and Standards for the Assessment and Approval of Caregivers by Contracted Agencies*, instead require that a local police record check be completed prior to offering a family home care agreement or contract.



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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		Gender: ☐ M ☐ F	Birthplace: _____	
Additional Names (Alias, Maiden Name, etc.):				
Surname / Last Name:	Given / First Name:	Middle Name:		
Mailing Address:	City:	Province:	Country:	Postal Code:
Contact Area Code & Phone No.:		Driver's Licence #:		

PART 2: ORGANIZATION INFORMATION: To be completed by the organization

SECTION A Complete this section if you have been provided an ID number by the Criminal Records Review Program.

Organization Name:	
Organization Contact Name or Title (The person receiving the result of the check):	ID Number:

SECTION B If you are unable to provide an ID Number please complete ALL of Section B.

Organization Name:			
Mailing Address:			
City:	Province:	Country:	Postal Code:
Office Area Code & Phone No:		Fax:	

SECTION C

Applicant's Position / Job Title with Organization:	ID MUST be verified
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CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

I have read and understand the Consent for Release of Information and Acknowledgements on page 3. I hereby consent to these terms as indicated by my signature below:

Applicant Signature

Parent or Guardian Signature for Applicant
Under 19 Years of Age

Date Signed YYYY / MM / DD



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Consent to a Criminal Record Check

CHECKLIST for Applicant

- ☐ - I have completed the applicable sections of the form truthfully, clearly, and legibly, and signed and dated it.
- ☐ - I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Privacy Act (FOIPPA).
- ☐ - My employer or organization has verified my ID in person to confirm my identity and information on the consent form is accurate.
- ☐ - My employer or organization will retain the originals of the forms I have completed.

CHECKLIST for Organization

- ☐ - The employee / applicant will provide you with the original, completed and signed consent form.
- ☐ - Verify the ID of each employee / applicant in person to confirm their identity and ensure the information matches what was provided on the consent form. NOTE: Please use a Canadian Driver's Licence if the applicant has one.
- ☐ - Retain the original form(s) for five years.
- ☐ - Forward a copy of the forms(s), to the Criminal Records Review Program by mail or fax:

MAIL: Criminal Records Review, Ministry of Public Safety and Solicitor General,
PO Box 9217 Stn Prov Govt,
Victoria BC V8W 9G1
FAX: 250-953-0408

NOTE: The Consolidated Criminal Record Check

For questions regarding the Consolidated Criminal Record Check process, please consult MCFD's *Frequently Asked Questions and Answers for Social Workers and the Criminal Record Check Policy and Procedure for Caregivers*. For Contracted Agencies, please refer to MCFD's *Policy and Standards for Assessment and Approval of Caregivers by Contracted Agencies*.

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 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 been granted a pardon for any sexual offences to the *Criminal Records Review Act*.
- I understand a criminal record check under the *Criminal Records Review Act* is required at least once every 5 years.
- Visit 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 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.
- 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.

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 any 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.

Phone: toll-free 1-855-587-0185 (Option 3) Fax: 250-953-0408 Email: criminalrecords@gov.bc.ca

Website: <http://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check>

Ministry of Public Safety and Solicitor General

Criminal Records Review Program

Policing and Security Programs Branch, Security Programs Division

PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1