



The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Adoption Act* and/or the *Child, Family and Community Act* (CFCS Act). Under certain circumstances, the collected information may be subject to disclosure as per the CFCS Act and/or the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use or disclosure of this information, please call Enquiry BC at 1 800 663-7867 and ask for the listing for the Child Welfare Policy Office or the Adoption Division.

SECTION 1 APPLICANT IDENTIFICATION

SURNAME		GIVEN NAME(S)	
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (YYYY/MM/DD)	PHONE NUMBER ()	PREVIOUS SURNAME(S)
FIRST NAME OR ALIAS			

SECTION 2 INFORMED CONSENT

As part of the screening and assessment process to ensure safety and well-being of children, I authorize a prior contact check to be conducted on me by a delegate of a Director under the *Child, Family and Community Service Act* or the *Adoption Act*. A prior contact check is a review of all records about me collected under the *Family and Child Service Act*, the *Child, Family and Community Service Act* and/or the *Adoption Act*. It includes all current and/or past (closed) assessment only files, intake files, child protection files, family service files, child in care files, resource files and adoption files that are either in hard copy and/or electronic format.

If information is found through the prior contact check and it is relevant to assessing my ability to care for a child or children, I will be contacted by a delegated worker to discuss the information.

The information will not be disclosed to any person, organization, or agency out of the Ministry of Children and Family Development or Delegated Aboriginal Agency without my knowledge and consent. The form Consent to Disclosure of Information (CF0609) should be used to obtain consent for this purpose.

SECTION 3 SIGNATURE

This consent and acknowledgement is valid for a period of one year from the date of signature.

SIGNATURE OF APPLICANT	DATE (YYYY/MM/DD)
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SECTION 4 REQUESTING OFFICE

NAME OF DELEGATED SOCIAL WORKER OR ADMINISTRATOR	TITLE	ORGANIZATION	PHONE NUMBER ()	FAX NUMBER ()
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