

Criminal Record Check Consent Form – Checklist

All employees who are commencing employment with VCH, regardless of whether such employment involves working with children or vulnerable adults, must consent to a Criminal Record Check (CRC) and successful clearance is required in order to continue employment with VCH. The ongoing consent form that you provide will also permit VCH to complete a re-check where required by legislation which is currently every 5 years. In order that your CRC be expedited without delay, we have provided the following instructions to assist you with completion of the CRC Consent and payment forms.

Consent

I hereby authorize VCH to collect and use information disclosed to it by the Criminal Records Review Program in relation to my criminal record check in order to assess my suitability for employment, and to otherwise manage, evaluate or terminate my employment relationship with VCH.

Name: _____ Signature _____ Date: _____

Please ensure you have completed and are returning all items listed below:

- Checklist Form** – Sign and date the form. Add your Employee ID number (if you have it) on the top right hand corner of this form.
- Payroll Deduction Form** – Do not send cash or credit card information
- Ministry of Justice’s Consent to a Criminal Record Check**
In the *Consent for Release* section remember to **tick both boxes** and **sign and date the form**
- Return forms to the employer** and we will submit the CRC forms to the Ministry on your behalf. Do not send forms or payment directly to the Ministry.

THE MINISTRY IS NO LONGER ACCEPTING DIGITAL SIGNATURES. PLEASE PRINT, SIGN, SCAN, AND EMAIL THE MINISTRY OF JUSTICE’S CONSENT TO A CRIMINAL RECORD CHECK FORM IN PDF FORMAT.

VCH cannot accept a CRC clearance obtained by any external agencies including local Police Stations. However, if you hold a current licensure with a regulated body listed below, you may be exempt from a CRC with VCH. Please provide proof of current registration showing your registration number with the licensing body to Employee Records & Benefits. You will be required to provide proof of licensure every 5 years thereafter.

- BC College of Social Workers
- College of Midwives of BC
- College of Psychologists of BC
- College of Chiropractors of BC
- College of Naturopathic Physicians of BC
- College of Registered Nurses' of BC
- College of Dental Hygienists of BC
- College of Occupational Therapists of BC
- College of Registered Psychiatric Nurses of BC
- College of Dental Surgeons of BC
- College of Opticians of BC
- College of Speech and Hearing Health Professionals
- College of Dental Technicians of BC
- College of Optometrists of BC
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC
- College of Denturists of BC
- College of Pharmacists of BC
- College of Dietitians of BC
- College of Physical Therapists of BC
- College of Licensed Practical Nurses of BC
- College of Physicians and Surgeons of BC
- College of Massage Therapists
- College of Podiatric Surgeons of BC

If you have been working at another Health Authority and had a CRC performed through that Health Authority within the last 5 years, please contact Employee Records and Benefits at 604-297-8683 or EmployeeRBSupport@phsa.ca as you may be able to share the CRC clearance. Alternatively, by sending in your completed forms you are electing not to share your clearance and this will be processed without refund.

If you have any questions about the process for obtaining a CRC, please notify Employee Records and Benefits immediately. Any delay or the absence of providing a CRC consent form could impact commencement of your employment with our organization.

**PAYROLL DEDUCTION AUTHORIZATION FORM
FOR CRIMINAL RECORD CHECK
VANCOUVER COASTAL HEALTH**

This form when completed and signed will authorize a payroll deduction for payment of the Criminal Record Check fee. It must be completed and signed by the employee, and submitted with a signed *Criminal Record Check Consent* form to Employee Records & Benefits.

The payroll deduction will be processed once every five years while you are in a position covered under the Criminal Records Review Act (CRRA).

I, the employee, agree that this authorization for Payroll Deduction of the Criminal Record Check fee shall continue until cancelled by written notification.

I hereby authorize my employer to deduct, through payroll deduction, the \$28.00 fee for a Criminal Record Check at this time and every five years as required by law.

I have completed and attached a signed Criminal Record Check Consent form.

Employee Name (*please print*)

Employee ID

Signature

Date



EMPLOYEE/APPLICANT - CONSENT TO A CRIMINAL RECORD CHECK COVER PAGE

THIS FORM MUST BE SIGNED BY THE EMPLOYER ORGANIZATION AUTHORIZED CONTACT AND SUBMITTED WITH THE EMPLOYEE/APPLICANT CONSENT FORM

SECTION 1: FOR AUTHORIZED CONTACT USE

CONSENT TO A CRIMINAL RECORD CHECK - EMPLOYER ORGANIZATION CHECKLIST

- The employee/applicant has provided... FORMS SUBMITTED BY APPLICANTS WILL NOT BE PROCESSED.
I will submit a copy of the consent form to the CRRP and will retain the original consent form for 5 years.
I will verify the I.D. of each employee/applicant in person to confirm their identity and ensure that the information provided on the consent form is accurate.
I reviewed the schedule type and works with category of the form.

AUTHORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENTS

- I acknowledge the need for proper I.D. verification for the CRRP to conduct a complete risk assessment, and the critical importance of my organization diligently carrying its duties in this regard.
On behalf of the organization, I confirm that the employee's/applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: SIGNATURE:

SECTION 2: FOR EMPLOYEE/APPLICANT USE

CONSENT TO A CRIMINAL RECORD CHECK - EMPLOYEE/APPLICANT CHECKLIST

- I have completed the attached consent form truthfully, clearly and legibly, and signed and dated it.
My organization has verified my I.D. in person to confirm my identity and ensure that the information on the consent form is accurate.
My employer or organization will retain the originals of the forms and will forward a copy to the CRRP on my behalf.
I have read and understand the Consent for Release of Information and Acknowledgements (below) and information regarding the Freedom of Information and Protection of Privacy Act (FOIPPA) on Page 2.

CONSENT : CF RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

PURSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT:

- I hereby consent to a check 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 received a record suspension (formerly known as a pardon) for any sexual offences as per the Criminal Records Act.
I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity.
I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the courts, corrections, and crown counsel relating to any outstanding charges or convictions for any relevant or specified offence(s) as defined under the Criminal Records Review Act or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.
Where the results of a 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.
My organization and I will be notified that I have an outstanding charge or conviction for a relevant or specified offence(s), and that the matter has been referred to the Deputy Registrar for review.
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 determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).
If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I further agree to report the charge(s) or conviction(s) to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check Form.





Empty box for internal use

For Internal Use

EMPLOYEE/APPLICANT CONSENT TO A CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all fields are complete. Providing your Driver's Licence number or BCID number may expedite the process. Your organization must complete the Schedule Type and 'WORKS WITH' category portion of the form.

Schedule Type (Choose one): [] A [] B [] C [] D [] E
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 Sex: [] M [] F Birthplace:
Additional Names (Alias, Maiden Name, etc.):
Surname / Last Name: Given / First Name: Middle Name:
Mailing Address: City: Province: Country: Postal Code:
Residential Address (If different from above): City: Province: Country: Postal Code:
Contact Phone No.: Driver's Licence or BCID#:
Applicant E-mail Address (REQUIRED to receive your payment options):

PART 2: ORGANIZATION INFORMATION

To be completed by an Authorized Contact of the organization:
Organization Name:
Authorized Contact Name and Title: ID Number (Provided to the organization from the CRRP):
Mailing Address:
City: Province: Country: Postal Code:
Office Area Code & Phone No:

PART 3: POSITION WITH ORGANIZATION (REQUIRED)

Applicant's Position / Job Title with Organization:

PART 4: SCHEDULE D ONLY MUST PROVIDE

Licensed Child Care Name, Adult Care Facility Name, or Contracted Company Name:

PART 5: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

I have read and understand the Consent for Release of Information and Acknowledgments on Page 1. I hereby consent to these terms as indicated by my signature below:

Applicant Signature Date Signed YYYY / MM / DD

Freedom of Information and Protection of Privacy Act. 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).

