

Criminal Records Review Program

Consent to a Criminal Record Check



Ministry of
Public Safety
and Solicitor General

SCHEDULE TYPE: B - Applicant to The College of Speech and Hearing Health Professionals of BC

A processing fee of \$20 must be submitted with this completed consent form. The criminal record check will not proceed without payment of this fee. The fee will not be refunded once the process has started. Processing delays may result if this form is incomplete or if information cannot be read clearly. Please forward your completed form and payment, payable to

College of Speech and Hearing Health Professionals of BC, 410 - 999 West Broadway, Vancouver, BC V5Z 1K5

PART I – Applicant Information (please print / do on use initials)

Surname: Full First: Full Middle:

Birth Date: Gender: Male Female Birth Place:
yyyy/mm/dd city/town province/state country

OTHER NAMES USED OR HAVE USED (e.g., maiden name, birth name, or previous married name):

Surname: Full First: Full Middle:

Surname: Full First: Full Middle:

Surname: Full First: Full Middle:

Mailing Address:
Apt Street

.....
city/town province/state country postal code

Day Phone (area code, number): B.C. Driver License Number: DL.....

PART 2 - College of Speech and Hearing Health Professionals of BC - ID# 31

410 - 999 West Broadway, Vancouver, BC V5Z 1K5 tel: 604.568.1568 fax: 604.568.1566 registrar@cshhpbcc.org

Consent for Release of Information and Acknowledgements:

Please tick the top line or both lines and sign below:

I have read and understand the Consent for Release of Information and Acknowledgments on Page 2. I hereby consent to these terms as indicated by my signature below.

I hereby authorize "College of Speech & Hearing Health Professionals of BC" to conduct criminal record checks on an ongoing basis every five years.

I understand that I may withdraw this consent for future criminal record checks.

.....
Signature of Applicant

.....
Date Signed

Schedule Types

Schedule B: use if the individual is a) an applicant for membership to a governing body or b) is applying for or has certification or a letter of permission under the Independent School Act or c) is a registered student with an education institution with a practicum component involving work with children which leads to certification by a governing body. See website www.pssg.gov.bc.ca/criminal-records-review/act/who.htm for a complete list of Governing Bodies covered under the Criminal Records Review Act. The governing body retains the original signed consent form.

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 offences 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 offence 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 offence 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 offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children;
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon;
- If I am charged with or convicted of a relevant offence 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 Facility 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.