

**Consent for Disclosure of Personal Information
Canadian Criminal Record Check & Vulnerable Sector Search**

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

PLEASE NOTE: The following information and photocopies of identification are for identification purposes only, allowing BackCheck to accurately proceed with the assembly of criminal record information for employment purposes. BackCheck will hold all personal information confidential.

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|--|----------|------------------------|---|
| Given Name(s): ▼ | | Middle Name(s): ▼ | |
| Surname: ▼ | | | Gender: <input type="checkbox"/> Female Check One <input checked="" type="checkbox"/> Male |
| Maiden Name & Other names used, either past or present, including aliases and nicknames: ▼ | | | Birth Date: (yyyy/mm/dd) ▼ 1 9 |
| Place of Birth: ▼ | | | |
| Current Address: ▼ | | | |
| Unit # | Street # | Street Name | Postal Code |
| Current Address Continued: ▼ | | | |
| City | | | |
| Province | | Country | |
| Previous Address – if less than 5 years ago: ▼ | | | |
| Unit # | Street # | Street Name | Postal Code |
| Previous Address Continued: ▼ | | | |
| City | | | |
| Province | | Country | |
| Telephone: ▼ | | Alternate Telephone: ▼ | |
| Ext. | Ext. | Ext. | Ext. |

I certify that the information in this Disclosure for Personal Information is true and correct to the best of my ability.

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| Declaration of Offences | Have you been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Have you been granted a conditional discharge within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Have you been granted an absolute discharge within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | If Yes, please provide details on ALL convictions (if more space is needed, please attach additional pages as required): | | |
| Offence | Date (yyyy/mm/dd) | Location | Penalty |
| | | | |
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Disclaimer: The existence of a conviction will not preclude you from consideration for employment with **Grey Bruce Health Services**. Details of the offence are requested to enable **Grey Bruce Health Services** to determine whether the offence is related to your intended employment.

Statement of Understanding and Consent

I have applied to **Grey Bruce Health Services** for employment. Part of the screening process includes a criminal record check which searches the RCMP Canadian Police Information Centre (CPIC) database. BackCheck conducts these investigations on behalf of **Grey Bruce Health Services**.

I hereby consent and authorize a Canadian Police Department to search for and disclose on my behalf to BackCheck who is requesting the criminal record check on behalf of **Grey Bruce Health Services** the fact that records may exist on me and are registered on the CPIC database. I acknowledge that such records may include information relating to criminal convictions under the *Criminal Code* (Canada) for which a pardon has not been granted and conditional and absolute discharges which have not been removed from the CPIC database in accordance with the *Criminal Records Act*.

I authorize BackCheck to release all information obtained to **Grey Bruce Health Services** and hold harmless BackCheck upon the release of this information or its findings to **Grey Bruce Health Services**. I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for employment with **Grey Bruce Health Services**.

Furthermore, if there is a discrepancy with the information provided by myself on this form and that disclosed by a Canadian Police Department during this investigation of my criminal records history, I understand that I have the option to provide my fingerprints to resolve any discrepancy or dispute.

This request is made in compliance with any applicable provincial or municipal public sector privacy legislation which allows a public body or municipality to disclose my personal information to me or my agent upon my request, and in particular in accordance with the *Nova Scotia Municipal Government Act* and the *Ontario Municipal Freedom of Information and Protection of Privacy Act*.

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| Candidate Signature: <i>Authorizing Criminal Record Check</i> X | Date: (yyyy/mm/dd) ▼ 2 0 |
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Vulnerable Sector Searches

This section of the form is to be completed additionally by anyone applying for a position of authority and trust and is responsible for the well being of one or more children or vulnerable persons. The candidate consents to a search being made of criminal conviction records to determine if the candidate has been convicted of a sexual offence listed in the schedule to the *Criminal Records Act* and has been pardoned.

I consent to a search being made in the CPIC database which is maintained by the RCMP, to find out if I have been convicted of, and been granted a pardon from, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the RCMP to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

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| Candidate Signature: <i>Authorizing Vulnerable Sector Search</i> X | Date: (yyyy/mm/dd) ▼ 2 0 |
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Note: Both signatures are required to authorize a Criminal Record Check with a Vulnerable Sector Search.