



CONSENT TO A CRIMINAL RECORD CHECK (FORM 5)

CRIMINAL RECORD CHECK FEE

A non-refundable processing fee of \$28 must be submitted with this completed consent form. All fees are remitted to the BC Ministry of Public Safety and Solicitor General, Criminal Records Review Program (CRRP). The criminal record check will not proceed without payment of this fee. Processing delays may result if this form is incomplete or if information cannot be read clearly. Please forward your completed form and payment to CSHBC, payable to:

College of Speech and Hearing Health Professionals of British Columbia
900 - 200 Granville Street, Vancouver, BC V6C 1S4
T: 604.742.6380 | TF: 1.888.742.6380 | F: 604.357.1185 | E: enquiries@cshbc.ca

APPLICANT INFORMATION (PLEASE PRINT / DO NOT USE INITIALS)

Surname	Full First	Full Middle
Date of Birth	Gender	Place of Birth
YYYY / MM / DD	Male Female	City / Town Province Country
Other Names, Aliases (if any) (e.g., Maiden Name, Birth Name, Previous Married Name)		
Surname (Other)	Full First (Other)	Full Middle (Other)
Surname (Other)	Full First (Other)	Full Middle (Other)
Mailing Address		
Apt / Suite	Street	Postal Code
City / Town	Province	Country
Phone	(---) --- - ----	BC Driver License No

Consent for Release of Information and Acknowledgements Pursuant to the British Columbia's Criminal Records Review Act

<i>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>	<input checked="" type="checkbox"/>
<i>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.</i>	<input checked="" type="checkbox"/>
<i>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.</i>	<input checked="" type="checkbox"/>
<i>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.</i>	<input checked="" type="checkbox"/>
<i>The Deputy Registrar will determine whether I present a risk to physical or sexual abuse to children.</i>	<input checked="" type="checkbox"/>
<i>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.</i>	<input checked="" type="checkbox"/>
<i>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.</i>	<input checked="" type="checkbox"/>

Freedom of Information and Protection of Privacy Act (FIPPA)

The information requested on this form is collected under the authority of the *Criminal Records Review Act* and in the case of childcare 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 FIPPA.

This form is to be used where the individual is a) applying for membership or is a registered member of a BC governing body, or b) is applying for, or has certification, or a letter of permission to teach through the Office of Inspector of Independent Schools, BC Ministry of Education, or c) is a registered student in a post-secondary program with a practicum component involving work with children and / or vulnerable adults.

See the [website](#) for a complete list of Governing Bodies covered under the *Criminal Records Review Act*.

CONSENT FOR RELEASE OF INFORMATION

Declarations

I have read and understand the Consent for Release of Information and acknowledgements noted above. I hereby consent to these terms as indicated by my signature below.

I hereby authorize the College of Speech and Hearing Health Professionals of BC ("CSHBC") 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.

	YYYY / MM / DD
Applicant Signature	Date