

PLEASE READ PRIOR TO COMPLETING CONSENTS

Instructions for completion of Consent to Disclosure of Personal Information form

Declaration of Criminal Record Information Form and the PIC Supplementary Form

Drivers Abstract Documentation

These forms are the only forms that the RCMP and CPIC will allow to be used for conducting name-based criminal record checks. Further, the RCMP and CPIC will not allow any changes or additions to these forms.

1. SURNAME – Current legal last name, as shown on legal documents
2. GIVEN / FIRST NAME – Current legal formal first name as shown on legal documents
3. SURNAME AT BIRTH – Surname at time of birth
4. FORMER NAMES – Please include previous surnames, whether they are maiden or any other legal previous surnames.
5. PLACE OF BIRTH – Full City Name, Province/State and Country name of birth
6. DATE OF BIRTH – full and complete date of birth in format shown on form
7. SEX – Current legal gender identification
8. PHONE # - Current contact telephone number
9. EMAIL – Current valid email address
10. CURRENT HOME ADDRESS – It is critical that you enter your full current residential street address.

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11. PREVIOUS ADDRESSES – This section is for the applicant to provide them complete previous address history in the last 5 years.

12. REASON FOR CONSENT – This section is for the applicant to indicate the reason for the criminal record check. If it is for a volunteer position, please indicate the description of the position. Also, provide the name of the company/organization requesting the check and contact information as indicated.

13. INFORMED CONSENT / SEARCH AUTHORIZATION– In this section please indicate the type of criminal record check you require:

CPIC – Normal national criminal record check and self-declared convictions

Police Information Portal (PIP) aka Enhanced Criminal Record Check – A search of you name for all police contact, including charges not yet convicted of. The PIC Supplementary Form attached is required to be filled out.

You **MUST** read the **Search Authorization** and the **Authorization and Waiver** section of the form.

14. Once you have read the Informed Consent section of the form, you must sign, date and provide the location in which you signed the document in the spaces provided.

15. You must have a witness print and sign their name to verify the 2 pieces of identification that will be scanned and sent with this form. The witness **cannot** be a family member or someone with the same last name. Please indicate the type of ID viewed in this section as well. A copy of the ID's **MUST** accompany the consent form when sent to NorthStream Safety and Rehab.

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CRIMINAL RECORD VERIFICATION
INFORMED CONSENT FORM

SAMPLE COPY

A. Personal Information	
Surname (last name): LAST NAME OF APPLICANT	Given name(s): GIVEN NAMES
Surname (last name) at birth: LAST NAME AT BIRTH	Former name(s): ANY FORMER LAST NAMES
Place of birth (City, Province/State, Country): FULL ADDRESS OF BIRTH	
Date of birth (MMM-DD-YYYY): FULL DATE OF BIRTH	Sex (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male
Phone number(s): CURRENT TELEPHONE NUMBERS	Email address: CURRENT EMAIL ADDRESS FOR APPLICANT
Current Home Address FULL COMPLETE RESIDENTIAL ADDRESS FOR APPLICANT, INCLUDING HOUSE NUMBER, APARTMENT NUMBER AND POSTAL OR ZIP CODE	
_____ <small>Number Street Apartment</small>	_____ <small>City Province/Territory/State Postal/ZIP code</small>
Previous Address(es) Within the Last 5 Years (attach additional page if necessary) _____	
B. Reason for the Criminal Record Verification	
Reason for Request (example Employment - Employer - Job Title):	
Organization Requesting Search: COMPANY REQUESTING CRIMINAL RECORD SEARCH	
Contact Name: COMPANY CONTACT NAME	Contact Phone Number: COMPANY CONTACT TELEPHONE NUMBER
C. Informed Consent	
SEARCH AUTHORIZATION - I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.	
POLICE INFORMATION SYSTEM(S) - I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):	
<input type="checkbox"/> (NORMAL POLICE CRIMINAL CHECK) CPIC Investigative Data Bank	<input type="checkbox"/> (ENHANCED POLICE CHECK, IF REQUESTED BY EMPLOYER) Police Information Portal (PIP)
OTHER: _____	
AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information. I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to <u>CSI Background Screening</u> , located in <u>Halifax, Nova Scotia, Canada</u> . <small>Company Name City and Country</small>	
I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the _____ to <u>CSI Background Screening</u> , <u>Halifax, Nova Scotia, Canada</u> . <small>Name of Processing Police Service Company Name City and Country</small>	
Signature of Applicant APPLICANT MUST SIGN AND DATE	Date Month Day Year Signed at <input type="checkbox"/> City Province/Territory
D. Identification Verification	
Verification Electronic Identify	
Witnessing Agent's Name: WITNESS FULL NAME	Identification Verified: Physical

A. Personal Information

Surname (last name):		Given name(s):	
Surname (last name) at birth:		Former name(s):	
Place of birth (City, Province/State, Country):			
Date of birth (YYYY-MM-DD):		Sex (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male	
Phone number(s):		Email address:	
Current Home Address			
Number	Street	Apartment	City
			Province/Territory/State
			Postal/ZIP code
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)			

B. Reason for the Criminal Record Verification

Reason for Request (example Employment - Employer - Job Title):	
Organization Requesting Search:	
Contact Name:	Contact Phone Number:

C. Informed Consent

SEARCH AUTHORIZATION - I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.

POLICE INFORMATION SYSTEM(S) - I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):

- CPIC Investigative Data Bank
 Police Information Portal (PIP)
 OTHER:

AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.

I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to CSI Background Screening _____, located in Halifax, Nova Scotia, Canada
Company Name City and Country

I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Orangeville Police Service _____ to CSI Background Screening _____, Halifax, Nova Scotia, Canada
Name of Processing Police Service Company Name City and Country

Signature of Applicant	Date			Signed at	
	Year	Month	Day	City	Province/Territory

D. Identification Verification

		<input type="checkbox"/> Electronic Identify Verification	
Witnessing Agent's Name:	Identification Verified: Physical		
Witnessing Agent's Signature	Type of Photo ID Viewed (Government Issued) & Secondary ID		

Name and location of the company where information will be stored in Canada: CSI Background Screening, Halifax, Nova Scotia, Canada

****Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation.****

**CONSENT TO DISCLOSURE OF PERSONAL INFORMATION – DECLARATION OF
CRIMINAL RECORD INFORMATION FORM**

**** (This form is required only if you have a criminal record to declare) ****

PRINTED NAME OF APPLICANT – Please print your full legal name in this space

SIGNATURE OF APPLICANT – Please sign as giving consent to confirm the information contained on this form.

DATE SIGNED – Please insert the date signed

CONVICTION DATE – It is important that you provide the proper date of each convicted offence to ensure that the proper confirmation can be made.

OFFENCE – Please provide the details of the offence committed and police service

LOCATION OF OFFENCE - Please enter the location of the offence (City and Province) It is important to read the information at the bottom of the form so that you understand the purpose of the consent.

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**POLICE INFORMATION CHECK – SUPPLEMENTARY INFORMATION FORM
(ENHANCED CRIMINAL RECORD CHECK)**

****This form is only required if you have any pending charges, outstanding warrants, etc, and if you have checked off the box for the PIP (Enhanced) *****

Criminal Record Check

Enter your personal information in the top section of the form with the correct information. With this you must also include the below in the section provided:

OFFENCE DATE – Enter correct offence date

LOCATION- enter correct location of the offence

CHARGE – Enter the correct charge

DISPOSITION – Please enter as much information as you know about the charge disposition

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CSI BACKGROUND SCREENING
Police Information Check
Supplementary Information

APPLICANTS INFORMATION - Mailing Address (name, street, city, province, postal

Date of Request
/ /
mmm dd yyyy

Last Name		First Name	Middle Name		
# and Street Name		Apt/Unit #	Maiden Name or other Surnames used		Other First Names
City	Province	Postal Code	Date Birth mmm dd yyyy	Place of Birth	Gender

OFFENCES

Offence Date	Location	Charge	Disposition

Large empty rectangular area for additional information or notes.

Primary Identification accepted:

- Driver's License (issued by Canadian Province or Territory)
- Foreign Driver's License
- Canadian Passport
- Foreign Passport
- Canadian Citizenship Card
- Permanent Resident Card
- Certification of Indian Status
- Student identity card from a foreign institute
- Student identity card from a local institute
- Firearms Acquisition Certificate
- Firearms Possession Certificate
- Canadian National Institute of the Blind Identification Card
- Federal, Provincial, or Municipal Identification Card
- Taxi/Livery License, City Employee I.D.
- Military Family Identification Card

Secondary Identification:

- Birth Certificate
- Baptismal Certificate
- Hunting License
- Hospital Card
- Health Card (with Health Card # blacked out)
- Fishing License

Please note: Social Insurance Numbers and Debit/Credit Cards are NOT acceptable for identification purposes.

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