

**Schedule Type A – Organization: Office of the Inspector of Independent Schools  
(Organization ID: 547010)**

**MANUAL FORM: A**

**Part 1 – Applicant Information**

Last Name		Full First	Full Middle
Birth Date (yyyy/mm/dd)	Gender (M/F)	Birth Place (City, 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**

Address	City	Province/State	Country	Postal Code
( ) Contact Phone	BC Drivers Licence # (if applicable)		e-mail	

**CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS:**

*Please check both boxes and sign below:*

- I have read and understand the Consent for Release of Information and Acknowledgements listed on Page 2. I hereby consent to these terms as indicated by my signature below:*
- I hereby authorize the Office of the Inspector of Independent Schools 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.*

Applicant Signature	Date Signed
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## CHECKLIST FOR APPLICANT:

- I am applying for a Criminal Record Check to meet the requirements of the *Criminal Record Review Act* to obtain an Independent School teaching certificate.
- I will forward this original consent to the **Office of the Inspector of Independent Schools**, who will forward a copy along with payment, on my behalf, to the Criminal Records Review Program.
- I understand that the Inspector of Independent Schools will retain the originals of this form.
- \*\*Payment: I will provide the non-refundable \$20 fee payment (for the processing of the Criminal Record check) made payable to the Minister of Finance by certified cheque or money order.**

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### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE BC *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;
- 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 records;
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offences(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.