



THIS FORM MUST BE SIGNED BY THE ORGANIZATION AUTHORIZED CONTACT THAT WILL BE RECEIVING THE RESULTS OF THE SHARING REQUEST

POLICE CHECKS ARE NOT SHAREABLE BY THE CRRP

SECTION 1: FOR AUTHORIZED CONTACT USE

SHARING A CRIMINAL RECORD CHECK - ORGANIZATION CHECKLIST

- The applicant has provided my organization with the original, completed and signed sharing form to submit to the Criminal Records Review Program (CRRP). FORMS SUBMITTED DIRECTLY TO THE CRRP BY APPLICANTS WILL NOT BE PROCESSED.
My organization will submit a copy of the consent form to the CRRP and will retain the original sharing consent form for 5 years.
My organization will verify the applicant's I.D. and ensure that the information provided on the sharing form is accurate.
My organization understands that the applicant is not providing us with a new criminal record check, but the results of a criminal record check completed within the past 5 years for another organization that is enrolled or registered with the CRRP.
My organization understands that we have the choice to accept a sharing consent form or require a brand new criminal record check to be completed.
My organization has reviewed the "works with" category and has completed that portion of the form.

AUTHORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENT

- I acknowledge the need for proper I.D. verification for the CRRP to conduct a complete risk assessment, and the critical importance of my organization diligently carrying its duties in this regard. Any false statements or deliberate omissions on a consent form filed with the CRRP may result in the inability of the CRRP to accurately determine whether the applicant poses a risk to children or vulnerable adults.

On behalf of the organization, I confirm that the applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: _____

SIGNATURE: _____

SECTION 2: FOR APPLICANT USE

SHARING A CRIMINAL RECORD CHECK - APPLICANT CHECKLIST

- I have completed the attached sharing consent form truthfully, clearly and legibly, and signed and dated it.
I have confirmed that the organization I am applying to will allow me to share the results of a previous CRRP criminal record check with them.
The organization I am applying to has verified my I.D. in person to confirm my I.D. and ensure that the information on my sharing consent form is accurate.
The organization I am applying to will retain the original sharing consent form and will forward a copy to the CRRP on my behalf.
I have read and understand the Consent for Release of Information and Acknowledgements (below) and information regarding Freedom of Information and Protection of Privacy Act (FOIPPA) on Page 2.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

PURSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT

- I understand that providing my Driver's Licence number or BCID number pursuant to this sharing authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the Freedom of Information and Protection of Privacy Act (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.
I understand that to share the result of a criminal record check, I must have completed a criminal record check within the last 5 years through the CRRP and the sharing request must be for the same type of check as previously completed, either for children, vulnerable adults, or both children and vulnerable adults.
I confirm I have completed a criminal record check within the past five years with the CRRP which did not result in a determination of risk to children and/or vulnerable adults as defined in the Criminal Records Review Act. I understand no details will be disclosed to the organization I am applying to, only the result. I hereby consent to share the result of the completed check with the organization I am applying to.
I understand that if the registrar determines I do not have a criminal record check to share according to the above criteria, I will be promptly notified.
I understand that within 5 years of the date of this sharing form, should the CRRP make a determination that I pose a risk to children and/or vulnerable adults, the Deputy Registrar will promptly provide notification to me and to the persons and entities (organizations) identified on this sharing form.





SHARING CONSENT TO A CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed. Providing your Driver's Licence Number or BCID number may expedite the process. Further, all organization specific ID Numbers must be obtained from the organization.

PART 1: APPLICANT INFORMATION
Legal Surname / Last name:
Legal Given / First Name:
Legal Middle Name:
Date of Birth:
Sex:
Birthplace:
Additional Names (Alias, Maiden Name, etc.):
Surname / Last Name:
Given / First Name:
Middle Name:
Mailing Address:
City:
Province:
Country:
Postal Code:
Residential Address (If different from above):
City:
Province:
Country:
Postal Code:
Contact Area Code & Phone No.
Driver's Licence or BCID #:

PART 2: ORGANIZATION INFORMATION
Organization that I have already completed a criminal record check for under the CRRP:
Organization Name:
Organization ID Number:
Office Area Code & Phone No:
Mailing Address:
City:
Province:
Country:
Postal Code:
Organization that I request to share the results of my previous criminal record with:
Organization Name:
Authorized Contact Name:
Organization ID Number:
Mailing Address:
City:
Province:
Country:
Postal Code:
Office Area Code & Phone No:
Works With (Select ONE default category of Criminal Record Check to be performed for your organization):
Children or Vulnerable Adults or Children and Vulnerable Adults

PART 3: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS
I have read and understand the Consent for Release of Information and Acknowledgments on Page 1. I hereby consent to these terms as indicated by my signature below:
Applicant Signature
Date Signed YYYY / MM / DD
Freedom of Information and Protection of Privacy Act: The information requested on this form is collected under the authority of the Criminal Records Review Act section 6.1 and section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA).

