

## Criminal Record Check and Vulnerable Sector Search Consent Form

PERSONAL INFORMATION			
Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	<b>Surname</b>	<b>First/Given Name</b>
<b>Middle Name(s)</b>			
<b>Former Name</b> <i>(if applicable)</i>			
<b>Present Address</b>		<b>City/Town</b>	<b>Province</b>
<b>Postal Code</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>
<b>Date of Birth</b> ____/____/____ month  day  year		<b>Place of Birth</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>Previous Address:</b> <i>(if less than 5 years at current address)</i>			
<p>This area is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more *children or **vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the <i>Criminal Records Act</i> and has been pardoned.</p> <p>*Children as defined by the <i>Criminal Records Act</i> means persons who are less than 18 years of age.</p> <p>**Vulnerable persons, as defined by the <i>Criminal Records Act</i> means persons who, because of their age, a disability, or other circumstances, whether temporary or permanent, are in a position of dependence on others or are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them.</p>			
Statement of Consent			
<p>I hereby consent that a Criminal Record Check may be conducted in my name with the National Repository for Criminal Records in Canada and/or Agency. I also consent to a search being made in the automated criminal records retrieval system maintained by the RCMP to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. The results of the Criminal Record Check and Vulnerable Sector Search may be provided to authorized persons of Emergency Health Services Nova Scotia.</p>			
<b>Dated this</b> _____ <b>day of</b> _____, 20____		_____ Signature	
Personal Information on this form is collected by Emergency Health Services. This information may be used to issue a registration card. If you have any questions about the collection of this information please contact the Registrar, Emergency Health Services at 239 Brownlow Ave, Suite 200 Dartmouth, NS B3B 2B2 Phone: (902) 424-2690. This information is protected from unauthorized use and disclosure in accordance with the Freedom of Information Protection of Privacy Act (FOIPOP) and may be disclosed only in accordance with that Act.			