



New Glasgow Regional Police

225 Park Street, New Glasgow, NS

B2H 5B7

CONSENT FOR A CRIMINAL RECORDS CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form is to be used by a person applying for position with a person or organization responsible for the wellbeing of one or more children or other vulnerable persons, if the 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 Criminal Records Act and has been pardoned. (Please print, if form completed manually.)

Identification of the Applicant

Surname	Given name(s)	Sex
Current Address (no, street, apt.)		Tel. no. (incl. area code)
Date of birth (y-m-d)	Place of birth	Maiden name/any other surname
Previous addresses, if any, within the last 5 years		

Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the wellbeing of one or more children or other vulnerable persons.

	Name of the person or organization for which application is being made
Details regarding the children or vulnerable person(s)	

Consent

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have ever 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.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety and Emergency Preparedness Canada, who may then disclose all or part of the information contained in that record to a police service or other authorized body. That police service or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature of Applicant	Date (y-m-d)
------------------------	--------------