

NISHNAWBE ASKI POLICE SERVICE
CONSENT TO CONDUCT AND DISCLOSE POLICE RECORDS CHECK



****VULNERABLE SECTOR SCREENING****

This form is to be used by a person who has consented to a search being made in criminal conviction records by completing the form called "Consent for a Criminal Record Check for a Sexual Offence for Which a Pardon has been Granted or Issued" and who wishes to consent to the disclosure of information obtained in that search to the person or organization who requested the search..

I, _____
Surname _____ Given name _____ Middle name _____
Date of Birth _____ Male ___ Female ___
Maiden Name (if applicable) _____ Year Month Day

Present Address: _____
List Previous Addresses for last 5 years (if less than 5 years at above address):

Telephone – Home: _____ Work: _____

REASON FOR THE CONSENT

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

Description of the paid or volunteer position:

Details regarding the children or vulnerable person(s):

CONSENT

I consent to information contained in a criminal record, found as a result of a criminal record check for a sexual offence for which a pardon has been granted or issued, being disclosed by a police force or other authorized body to the person or organization referred to above to whom or to which I am applying or have applied for a paid or volunteer position..

I understand that, as a result of giving this consent, that information will be disclosed by the police force or other authorized body to the person or organization, even though a pardon has been granted or issued for the offence.

I hereby authorize the Nishnawbe Aski Police Service to inquire into and disclose the results of any police records indicating criminal convictions, findings of guilt, conditional and absolute discharges, outstanding criminal charges and to conduct a local police contact search with any Police Service in Canada. This search may also include Non-Conviction information if it meets the Exceptional Disclosure Assessment.

In witness whereof, I have hereunto set my hand this _____ day of _____, 20_____.

Signed in the presence of:

Witness Applicant