



## Consent for Criminal Record and Vulnerable Sector Check (For a Sexual Offence for Which a Pardon has been Granted or Issued)

**Note:** *This form 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 Criminal Records Act and has been pardoned.*

### **Reasons 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: \_\_\_\_\_

The name of the person or organization is: \_\_\_\_\_

Provide details regarding the children or vulnerable persons: \_\_\_\_\_

\_\_\_\_\_

### **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 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 Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force 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

\_\_\_\_\_  
Date of Birth (Y/M/D)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Maiden Name (please print)