



SMITHS FALLS POLICE SERVICE

MUST SELECT ONE



- ☐ CRIMINAL RECORD AND JUDICIAL MATTERS CHECK
- ☐ VULNERABLE SECTOR CHECK
- ☐ BROAD/EXEMPTED RECORD CHECK (CAS WITH LETTER)

TO BE COMPLETED BY APPLICANT				Date of Request	
Mailing Address (name, street, city, province, postal code)				____/____/____	
Please Print UNDER each heading				yyyy/ mm /dd	
Last Name		First Name		Middle Name	
# and Street Name		Apt/Unit #		Maiden Name or Other Names Used	
Other First Names		City		Province	
Postal Code		Date of Birth		Gender	
		____/____/____			
Contact phone number		Email address			
yyyy/ mm /dd					
Address History – please fill out if resident address differs from mailing address and/or resided OUTSIDE of the Region in the past 5 years					
Street name # (please state below)		Apt/Unit #		City	
				Province	
Identification – one form MUST be Government issued and include the applicant’s name, date of birth, signature and photo of applicant					
Type of Identification produced		ID number – do NOT record Health or SIN card or bank/credit card numbers		Viewed <input type="checkbox"/>	
Type of Identification produced		ID number – do NOT record Health or SIN card or bank/credit card numbers		Viewed <input type="checkbox"/>	
Reason for Request: (please fill out the following) **if you are between the ages of 12-22 please refer to back**					
Specifically state the Reason for the Criminal Record and Judicial Matters Check <u>or</u> Vulnerable Sector Check:					
SELF DECLARATION (if applicable): <input type="checkbox"/> Declaration of Criminal Record Attached					
Fill out the below ONLY if request is Vulnerable Sector Check:					
Name of Employer/Organization/School/Other requesting Vulnerable Sector Check:					
Check box of Vulnerable Person(s) you will be responsible for the well-being of (can check off more than one (1) if applicable):					
<input type="checkbox"/> Children <input type="checkbox"/> Elderly (over 65) <input type="checkbox"/> Other – please specify: _____					
The Criminal Record and Judicial Matters Check will include all of the above and the following information as it exists on the date of the search:					
<ul style="list-style-type: none">Outstanding entries such as charges and warrants, judicial orders, Probation and Prohibition Orders – as per CPIC policy, information obtained from the Investigative Databank must be confirmed and authorized for release by the contributing agencyAbsolute and Conditional Discharges within the applicable retention period					
The Vulnerable Sector Check will include all of the above and the following information as it exists on the date of the search:					
<ul style="list-style-type: none">In very exceptional cases, there it meets the Public Safety Test, non-conviction dispositions including but not limited to, Withdrawn and DismissedNot Criminally Responsible by Reason of Mental DisorderAll record suspensions for release by the Minister of Public Safety					
CONSENT					
<div>1. I hereby authorize the SMITHS FALLS POLICE SERVICE to conduct a search based on the names(s), date of birth and declared criminal record history, to obtain the information required to complete the Police Record Check and disclose such information to me. This includes a search of the Smiths Falls Police Service Records Management Systmes (RMS), and the Canadian Police Information Centre (CPIC) database, maintained by the RCMP. This search of the CPIC database includes a search of the Identification Data Bank (known as the National Respository of Criminal Records), the Investigative Data Bank and the Police Information Portal (PIP)</div> <div>2. I hereby release and discharge the SMITHS FALLS POLICE SERVICE BOARD and all members and employees of the SMITHS FALLS POLICE SERVICE from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of the information to me by the SMITHS FALLS POLICE SERVICE. I hereby authorize the SMITHS FALLS POLICE SERVICE to inquire into and disclose results of any police records to me including: crimainl convictions (summary and indictable); absolute and conditional discharges; and cases of not criminally responsible for reasons of mental disorder; outstanding entries such as charges, judicial orders, probation and prohibition orders and to conduct a local police contact search with any Police Service in Canada</div> <div>3. I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this consent, understand it, and agree to it in its entirety.</div> <div>4. For Vulnerable Sector Check applicants that are 18 years of age or older: I hereby 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 records suspension (pardon) for, any sexual offences that are listed in the schedule to the <i>Criminal Records Act</i>. 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 <i>Criminal Records Act</i> in respect of which a record suspension was granted or issued, I will be requested to provide fingerprints to confirm that record and that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety, 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 for that information to the person or organization referred to the above that requested the verification, that information will be disclosed to that person or organization</div> <div>5. I understand that the prescribed fee is non-refundable and the response to this Police Record Check will be fowardred to the email address that I have provided unless Fingerprints are required and in this case the results will need to be picked up in person when they are returned from the RCMP</div>					

Applicant’s Signature: _____

Date: ____/____/____
yyyy / mm / dd

TO BE FILLED OUT BY APPLICANTS BETWEEN THE AGES OF TWELVE (12)
AND TWENTY-TWO (22) AND WHOM REQUIRE THIS CONSENT
FOR A POSITION WITH A GOVERNMENT AGENCY

Name of Government Agency:
Address of Government Agency:

Position with Government Agency:

BROAD/EXEMPTED RECORD CHECKS

1. I hereby confirm that I have requested that the **Smiths Falls Police Service** perform a Police Record Check on me. I understand that **Smiths Falls Police Service** need to obtain personal information from me that is required to complete the Police Record Check.
2. I hereby authorize **Smiths Falls Police Service** to use the name(s), date of birth, and declared criminal record history I have provided to complete the Police Record Check and disclose such information to me.
3. I understand this includes a search of **Smiths Falls Police Services** Records Management Systems ("RMS") and the Canadian Police Information Centre ("CPIC") database, as maintained by the RCMP.
4. I hereby authorize **Smiths Falls Police Service** to search and release any information listed in section 119 of O. Reg. 155/18 under the *Child, Youth and Family Services Act* ("CYFSA") and/or section 16 of O. Reg. 155/18 under the *Intercountry Adoption Act* ("IAA"), as lawfully required by those Acts.
5. I hereby release and discharge the **Smiths Falls Police Service Board** and all employees or agents of **Smiths Falls Police Service** from any and all actions, claims, and demands for damages, loss, or injury howsoever arising which may hereafter be sustained by myself or anyone associated with me as a result of the disclosure of the information to me by **Smiths Falls Police Service**.
6. I hereby authorize **Smiths Falls Police Service** to inquire into and disclose the results of any police records to me, including but not limited to: criminal convictions (summary and indictable), absolute and conditional discharges, findings of not criminally responsible on account of mental disorder, findings of guilt under the *Youth Criminal Justice Act* ("YCJA") that are still within the access period listed under section 119(2) of that legislation, any outstanding entries such as charges, judicial orders, probation orders, and prohibition orders, and previous police contact, and to conduct a local police contact search with any other Police Service in Canada.
7. For Broad Record Check applicants 18 years of age or older: if my application is for a role that qualifies for a Vulnerable Sector Check under the *Criminal Records Act* ("CRA") (i.e. the application is for a paid or volunteer position, and the position is one of trust or authority towards a child or vulnerable person), I hereby consent to a search of the automated criminal records retrieval system maintained by the RCMP to find out if I have been convicted of, and subsequently been granted a record suspension (pardon) for, any sexual offences that are listed in Schedule 2 of the CRA. 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 these sexual offences in respect of which a record suspension was granted, I will be requested to provide fingerprints to confirm that record and that

record may be provided by the Commissioner of the RCMP to the Minister of Public Safety, who may then disclose all or part of the information contained in that record to the local police service. The police service 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 I complete this Police Record Check, that information will be disclosed to that person or organization accordingly.

8. I understand that the prescribed fee for the Police Record Check is non-refundable.

9. I certify the information provided by me in this Application is true and correct to the best of my knowledge and belief. I have read this consent, understand it, and agree to it in its entirety.

DATE:_____

SIGNED:_____