

## Consent Form A

### Consent for Disclosure of Personal Information

#### Name Based Canadian Criminal Record Verification

*To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.*

**PLEASE NOTE:** The following information and photocopies of identification are for identification purposes only, allowing BackCheck to accurately proceed with the assembly of a name based criminal record verification for employment purposes. BackCheck will hold all personal information confidential.

Given Name(s): ▼		Middle Name(s): ▼		Gender: ▼ <i>Check One</i> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Surname: ▼			Maiden name, aliases, nicknames and any other names: ▼		
Place of Birth: ▼				Date of Birth: ▼	
City		Province		Country	
yyyy		mm		dd	
Current Address: ▼					
Unit Number		Street Number		Street Name	
Postal Code		Current Address Continued: ▼			
From: ▼		To: ▼			
/ /		/ /			
yyyy mm dd		yyyy mm dd			
Previous Address – if less than 5 years ago: ▼					
Unit Number		Street Number		Street Name	
Postal Code		Previous Address Continued: ▼			
From: ▼		To: ▼			
/ /		/ /			
yyyy mm dd		yyyy mm dd			
Telephone Number: ▼		Alternative Telephone Number: ▼		Position Applied For: ▼	

***I certify that the information in this Disclosure for Personal Information is true and correct to the best of my ability.***

Declaration of Offences	Have you been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you been granted a conditional discharge within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you been granted an absolute discharge within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If you have answered <b>Yes</b> to any of the above questions, please provide details on <b>ALL</b> convictions (attach additional pages if required):		
<b>Offence</b>	<b>Date (yyyy/mm/dd)</b>	<b>Location</b>	<b>Penalty</b>
/ /	/ /		
/ /	/ /		

**Disclaimer:** The existence of a conviction will not preclude you from consideration for employment with **The Hospital for Sick Children (Sick Kids)**. Details of the offence are requested to enable **The Hospital for Sick Children (Sick Kids)** to determine whether the offence is related to your employment or intended employment.

Statement of Understanding and Consent	<p>I have applied to <b>The Hospital for Sick Children (Sick Kids)</b> for employment. Part of the screening process includes a search of the National Criminal Records repository, known as the Canadian Police Information Centre (CPIC) database, maintained by the RCMP using the name(s) and date of birth provided above. BackCheck conducts these investigations on behalf of <b>The Hospital for Sick Children (Sick Kids)</b>.</p> <p>I hereby consent and authorize a Canadian Police Department to search for and disclose on my behalf to BackCheck who is requesting a name based Canadian criminal record verification on behalf of <b>The Hospital for Sick Children (Sick Kids)</b> the fact that records may exist on me and are registered on the CPIC database. I acknowledge that such records may include information relating to criminal convictions under the <i>Criminal Code</i> (Canada) for which a pardon has not been granted and conditional and absolute discharges which have not been removed from the CPIC database in accordance with the <i>Criminal Records Act</i>.</p> <p>I authorize BackCheck to release all information obtained to <b>The Hospital for Sick Children (Sick Kids)</b> and hold harmless BackCheck upon the release of this information or its findings to <b>The Hospital for Sick Children (Sick Kids)</b>. I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for employment with <b>The Hospital for Sick Children (Sick Kids)</b>.</p> <p>Furthermore, if there is a discrepancy with the information provided by myself on this form and that disclosed by a Canadian Police Department during this investigation of my criminal records history, I understand that I have the option to provide my fingerprints to resolve any discrepancy or dispute.</p> <p>This request is made in compliance with any applicable provincial or municipal public sector privacy legislation which allows a public body or municipality to disclose my personal information to me or my agent upon my request, and in particular in accordance with the Nova Scotia <i>Municipal Government Act</i> and the Ontario <i>Municipal Freedom of Information and Protection of Privacy Act</i>.</p>			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">                 Candidate Signature:  <i>Authorizing Name Based Criminal Record Verification</i> <b>X</b> </td> <td style="width: 30%;">                 Date: (yyyy/mm/dd) ▼                  / /             </td> </tr> <tr> <td>                 Hiring Manager's Signature:  <i>Witnessing the candidate's signature</i> <b>X</b> </td> <td>                 Date: (yyyy/mm/dd) ▼                  / /             </td> </tr> </table>	Candidate Signature: <i>Authorizing Name Based Criminal Record Verification</i> <b>X</b>	Date: (yyyy/mm/dd) ▼ / /	Hiring Manager's Signature: <i>Witnessing the candidate's signature</i> <b>X</b>
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