



DOUGLAS COLLEGE

CRIMINAL RECORD CHECK

All post-secondary students in B.C. who are registered in a program with a practicum component involving work with children or vulnerable adults must consent to a Ministry of Justice criminal record check. The Ministry charges a \$20 processing fee for every criminal record check request. **You may be required by practicum agencies to complete additional criminal record checks.*

Only those students who have been offered admission to a program that requires a criminal record check should complete the following consent form. More information on the Ministry of Justice Criminal Record Check is available online at:

<http://www.pssq.gov.bc.ca/criminal-records-review/>

There are THREE steps that you need to take to initiate the Criminal Record Check:

1. Complete the following form, print, date, and sign it.
2. Bring the completed form to the Douglas College Registrar's Office and show any form of government issued photo ID (ex. Driver's license, passport, citizenship card)
3. Pay the amount requested in your Offer of Admission letter at the Cashier's Office or online through the registration system (\$20 of your payment will be used to process your criminal record check).

To pay online, go to www.douglascollege.ca/application-services and click on 'Register for credit courses' to log in to your account.

Please note that your Criminal Record Check will not be processed until you have paid the processing fee.

All criminal record check results will be forwarded to Douglas College by the Ministry of Justice.

If you have any questions regarding the criminal record check process, please contact the Registrar's Office Departmental Assistant at 604-527-5666.



DOUGLAS COLLEGE ID:

PROGRAM:

SEMESTER: Fall Winter Summer

APPLICATION INFORMATION: *Use your full legal name*

Last Name

Gender Female Male

First Name

Date of Birth

Middle Name

Place of Birth

(City, Province/State, Country)

OTHER NAMES USED OR HAVE USED: *(e.g. maiden name, birth name, previous married name)*

Surname

First Name

Middle

Surname

First Name

Middle

ADDRESS AND CONTACT INFORMATION:

Street Address

City

Province

Postal Code

Country

Email Address

Phone Number

Driver License #

Failure to include your license number could result in longer processing time.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT

- I hereby consent to Douglas College to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act;
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction if any relevant offence as defined under the Criminal Records Review Act.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and Douglas College that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable;
- The Deputy Registrar's determination will be disclosed to Douglas College and it will include consideration of any relevant offence for which I have received a pardon;
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to Douglas College and provide them, in a timely manner, with a new signed Consent to a Criminal Record Check form.

I have read and understand the Consent for Release of Information and Acknowledgements. I hereby consent to these terms as indicated by my signature below.

Applicant Signature

Parent or Guardian Signature for Applicant
Under 19 Years of Age

Date Signed

SUBMIT COMPLETED FORMS IN-PERSON TO:

Douglas College - Registrar's Office Room 2700 - New Westminster Campus OR Room A1450 - David Lam Campus (Coquitlam)

Forms must be submitted in-person to the Registrar's Office. Government issued photo ID must be presented when forms are submitted.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both of these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with FOIPPA.