

Canadä

PIB	CMP PPU 005
PIB	CMP PPU 030

Reference Number (to be completed by detachment)

• This form is to be completed by an individual 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 of the *Criminal Records Act* and has been pardoned.

• To be used only for organizations inside of Canada.

Identification of the Applicant			
Current Legal Surname (required)	Current Legal Given Name (required)		
Gender	Date of Birth (required; yyyy-mm-dd)		
Male Female			
Reason for the Consent			
I am an applicant for a paid or volunteer position with a person or organization re	esponsible for the well-being of one or more child	ren or vulnerable persons.	
Title of the Paid or Volunteer Position	Name of the Person or Organization		
Details regarding the responsibilities towards children or vulnerable persons			
Type of Position Paid Position (fee enclosed) Processing Fees Operation	r from non-profit organization attached)		
Consent I hereby consent to a search being made in the automated records retrieval syst Police to find out if I have been convicted of, and been granted or issued a Reco offences that are listed in the schedule of the <i>Criminal Records Act</i> . I understand that if, as a result of giving this consent, a search discloses that the	Fingerprint For card scan submissions only.		
sexual offences listed in the schedule of the <i>Criminal Records Act</i> in respect of which a Record Suspension (Pardon) was granted or issued, that record shall 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 of that information referred to above that requested the verification, that information will be disclosed to that person or organization.			
Contributing Agency			
Signature of Applicant	Date (yyyy-mm-dd)		
Verification			
Name of Verifier			
Title	Date Received (yyyy-mm-dd)	Finger	