

LONDON POLICE SERVICE

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•	CRIMINAL RECORD CHECK (CRC)
	CRIMINAL RECORD AND JUDICIAL MATTERS CHECK (CRJMC
	VULNERABLE SECTOR CHECK (VSC)
	ADOPTION

TO BE COMPLETED BY APPLI	CANT			501 1101				
Mailing Address (name, street, city, pro	ovince, postal code) *	if differer	nt from resid	ential addr	ess below*	Date of Reque	st / /	
						y	// // // // // // // // // // // // //	d
Last Name			ame			N	Aiddle Name	
Maiden Name or other Last Names			# and Stree	et Name		Apt/Unit #		
Other First Names	Date of Birth		Age	Gender	City		Province	Postal Code
		/ / dd		G eniue.	C.C,			r ostar osac
Place of Birth	Contact phor		er	Email addre	ess			<u> </u>
Address History – include all other	her addresses whe	re you ha	ave resided	in the pas	t 5 years (inc	clude out of cou	unty addresses)	
Street name # (please state below)		, , , , ,		Apt/Unit #	/ (City	Province
Identification – 2 pieces Govern	nment issued ID - 1	must in	clude the ap	oplicant's i	name, date c	of birth, signatu	re and photo of	applicant
Type of Identification produced	ID nu	mber – de	o <u>NOT</u> record	Health or S	SIN card numb	oers		of of London Iress (exclude CRC)
- 6.1							- auc	7
Type of Identification produced	ID nu	mber – de	o <u>NO I</u> record	Health or S	SIN card numb	oers	L	_ Viewed
SELF DECLARATION (if applic	cable)							
Declaration of Criminal R	ecord Attached		No Crim	inal Reco	rd			
Reason for Request: (please fi	ll out the following	g) **if ur	nder 18 yea	rs, refer t	o the Gover	nment Agency	Section on back	**
Specifically state the Reason / Duties for Criminal Record Check <u>or</u> Criminal Record and Judicial Matters Check <u>or</u> Vulnerable Sector Check:								
Name of Employer/Organization/School/Other requesting 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): Children (under 18) Elderly (over 65) Physically disabled Mentally disabled Infirm								
 The Criminal Record Check will include Criminal convictions from the 	•					and Summary co	nvictions for the p	ast five (5) years,
when identified The Criminal Record and Judicial Matte	ers Check will include	all of the	above and	the followir	g information	n as it exists on t	he date of the sea	rch:
 Outstanding entries such as 	charges and warrants	, judicial	orders, Proba	ation and Pi	ohibition Ord	ers – as per CPIC		
the Investigative Databank nAbsolute and Conditional Dis				•		ency		
The Vulnerable Sector Check will include			-					and Dismissed
 In very exceptional cases, where it meets the Public Safety Test, non-conviction dispositions including but not limited to, Withdrawn and Dismissed Not Criminally Responsible by Reason of Mental Disorder 								
 All record suspensions for release by the Minister of Public Safety Youth Criminal Justice Act findings of guilt will be released on applications to government agencies 								
CONSENT								
1 Lharahy authoriza the London Pr	olica Sarvica to conduct :	a search ha	ased on the na	mas(s) data	of hirth and doc	ared criminal recor	d history to obtain th	ne information
 I hereby authorize the London 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 London Police Service Records Management System (RMS) and the Canadian Police Information Contro (CRIC) database, maintained by the RCMB. This reacts of the CRIC database includes a search of the Identification Data Rank 								
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)								
2. I hereby release and discharge the London Police Services Board and all members and employees of the London 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 London Police Service.								
I hereby authorize the London Police Service to inquire into and disclose results of any police records to me including: criminal 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 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 the little contacts.								
to it in its entirety. 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 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 <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								
then disclose all or part of the in information to me. If I further co								
information will be disclosed to that person or organization 5. I understand that the prescibed fee is non-refundable								
Applicant's Signature: Date: / /				/				
· · · · · · · · · · · · · · · · · · ·					-	_	yyyy / mm	/ dd
	ISE ONLY – Req		1		refundabl	`		
Verified by - Name	Employee #	Init	tials	Paid by		U Volunt	eer	Other



TO BE FILLED OUT BY APPLICANTS UNDER THE AGE OF 18 YEARS AND WHOM REQUIRE THIS CONSENT FOR A POSITION WITH A GOVERNMENT AGENCY

Name of Government Agency:	
Address of Government Agency:	
Position with Government Agency:	