

Criminal Records Review Program (CRRP) Employer Organization Enrollment Form

To enroll with the program, employer organizations must:

- Be employers under the *Criminal Records Review Act* (CRRA)
- Have employees work with or who have potential unsupervised access to children or vulnerable adults

This questionnaire helps us determine whether your organization can enroll with our program. Please answer the following four questions. If you are unsure how to respond, please contact our client service centre.

Are	e you an employer under the CRRA?	
	ction 1 of the CRRA defines which employers can enroll with our program. Please ect <u>one</u> option that best describes your organization from the list below.	
	A childcare facility or daycare A health board, hospital, or care facility A school board, district, or education authority An organization or person who receives operating funds from the province A mainly government-owned corporation A provincial government ministry or related agency A registered health professional or social worker A governing body under the Health Professions Act or the Social Workers Act An Act or minister appointed board, commission, or council None of these options apply to my organization	Select thi option.
Do	es your organization receive operating funds from the B.C. government?	
The	e CRRA defines "operating funds" as ongoing, regular funding for core programs or ff. Please select <u>one</u> option that best describes your organization from the list ow.	
	My organization receives operating funds from the B.C. government I am not sure if my organization receives operating funds from the B.C. government My organization does not receive operating funds from the B.C. government	on.

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Do your employees work with or have potential unsupervised access to children or vulnerable adults?				
To access our program, your employees must: • Work with children or vulnerable adults, or • Have potential unsupervised access to children or vulnerable adults in their day-to-day work The CRRA defines a "child" as an individual under 19. The CRRA define "vulnerable adult" as an individual 19 and over who is receiving ongoing emergency health services. Please select one option that best describe who will support	n ng on II be			
 My employees work with, or have potential unsupervised access to, dren My employees work with, or have potential unsupervised access to vulnerable adults My employees work with, or have potential unsupervised access to, children and vulnerable adults My employees do not work with, or have potential unsupervised access to, children and vulnerable adults 				
Please tell us how your employees will work with children or vulnerable a CLBC funding for adults living with a developmental disability				
Direct funding from CLBC to provide wellness supports/services for vulnerable adults				

CRRP may ask your organization to provide further documentation to assist us in determining your eligibility for our program

Telephone: 1-855-587-0185 (Option 2)

Email: criminalrecords@gov.bc.ca

Ministry of Public Safety and Solicitor General

Criminal Records Review Program

 $\textbf{Website:} \ \underline{\text{https://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check/employer-prev$

Rev 2023/03/31			Make sure to put '- CLBC' after your	
ORGANIZATION INFO	ORMATION	name. This te	lls	
Organization Name:	Your Name - C	LBC CLBC funding		
Phone:			Use your phone number, mailing	
Organization Email fo	or Receiving Record Che	eck Results:	address and email.	
Mailing Address:				
City:	Province:	Country:	Postal Code:	
Physical Address (if	different from above):			
City:	Province:	Country:	Postal Code:	
Organization Employ	ees Work With (select o	one):		
	•	ord Check to be performed for	your orga nization.	
		Children and Vulnerable Adu		
AUTHORIZED PRIMA	RY CONTACT			
Authorized Primary (Contact Name:			
Job Title:			The authorized contact is you,	
Date of Birth (Year/M	onth/Date):		the person	
Personal Organizatio	on Email:		applying for the Employer	
AUTHORIZED SECO	NDARY CONTACT		Number.	
Authorized Seconda	ry Contact Name:			
Job Title:				
Date of Birth (Year/M	onth/Date):		The authorized	
Personal Organizatio	n Email:		secondary	
AUTHORIZED SECO			contact is the	
Authorized Seconda			person(s) you designate as your	
Job Title:	.,		back-up.	
Date of Birth (Year/M	onth/Date):			
Personal Organization				

The information requested on this form is collected under the authority of the Criminal Records Review Act section 4(1) and section 26(c) of the **Freedom of Information and Protection of Privacy Act (FOIPPA)**. The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Criminal Records Review Program.

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Terms and Conditions for Employers that Enroll in the CRRP

- The CRRP will confirm enrollment of your organization by email.. Your organization will be provided a unique link and access code. Only authorized contacts should provide access codes to employees to initiate checks.
- If your organization has volunteers and employees covered under the Criminal Records Review Act, you must enroll two separate profiles for the online service, one for 'volunteers' and one for 'employees'.
- If you enroll to conduct checks and sharing requests for employees, you must not use your unique link to the online service for employees for volunteer checks.
- Upon confirmation of enrollment into the online service, your organization will direct employees to the CRRP online service via the unique website link reserved for employees.
- For employee CRRP checks, there is a \$28 processing fee which may be paid by credit card within the online service when submitting a request for a criminal record check.
- Individuals may request to share their criminal record check results between one
 or more organizations registered with the CRRP. There is no fee for an employee
 to request to share a criminal record check result.
- If the online service electronic identity verification fails for any reason, or the criminal record check or sharing request cannot be completed online, the organization must re-confirm the identity of the applicant in person and submit a paper consent form by fax, email, or mail to the CRRP.
- Should the Authorized Contact leave the organization, have a new Authorized Contact complete the Organizations Account Information Update process.
- Misuse of the CRRP online service or disregard for the terms and conditions may result in suspension or cancellation of services.

On behalf of the above noted organization, I hereby certify that I agree to the terms and conditions for using the Criminal Records Review Program (CRRP) to facilitate criminal record checks on our employees, contractors, or students who work with children and/or vulnerable adults, including the above terms and conditions for enrolment in the CRRP online service.

Name	Signature (on behalf of organization)	Date Signed (YYYY/MM/DD)

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organizations