

BC ASSOCIATION OF CLINICAL COUNSELLORS

CONSENT FOR CRIMINAL RECORD AND VULNERABLE SECTOR CHECK

APPLICANT INFORMATION

(Please print carefully using dark ink and attach an additional page if necessary.)

Last name [] First name [] Middle name(s) [] (Do not use initials)

Other names used or have used (e.g. maiden name, birth name, or previous married name)

Three rows of Surname, First name, Middle name(s) fields.

Birth date [] Gender Male [] Female [] Birth place [] (Year, month, date) (Check one) (City, Province/State, Country)

Street address [] City []

Province [] Country [] Postal code []

Telephone number [] Work or cell phone [] BC Drivers license number []

CONSENT FOR RELEASE OF INFORMATION

WHEREAS I have applied to the BC Association of Clinical Counsellors (BCACC) to be registered as a Clinical Counsellor, AND because I am required by the BCACC to disclose whether or not I have any convictions or outstanding charges, including convictions for which I have been granted a pardon, as per Schedule 1 of the Criminal Records Review Act;

AND WHEREAS I understand that, if the BCACC should decide that any disclosed conviction or charge would preclude me from being registered as a Clinical Counsellor, I will be given the opportunity to see and discuss my criminal record;

AND WHEREAS, I DECLARE THAT, to the best of my knowledge, the information I have provided on this form is complete and accurate in every respect;

I THEREFORE AUTHORIZE

[]

(Name of Police Agency)

to inquire into and determine whether or not I have a criminal record and the specific nature of any criminal charges or convictions (and pardons), and to disclose that information to the BCACC.

I HEREBY CONSENT to these terms as indicated by my signature below:

Applicant signature [] Date signed [] (Year, month, date)

DIRECTION TO POLICE

The completed Criminal Record and Vulnerable Sector Check for this applicant can be submitted to:

BC ASSOCIATION OF CLINICAL COUNSELLORS
#14 - 2544 Dunlevy Street
Victoria, BC V8R 5Z2
Tel: 1-800-909-6303 / Fax: 250-595-2926
E Mail: hoffice@bc-counsellors.org