



REGINA POLICE SERVICE
PERSONAL SECURITY RECORD CHECK

NAME OF APPLICANT: Surname Given Name Middle Name

MAIDEN NAME and/or ANY OTHER NAMES USED:

ADDRESS: Apt.# Street/Avenue City/Town Province/Postal Code Telephone Number

DATE OF BIRTH: Year / Month / Day PLACE OF BIRTH: SEX: Male / Female

ORGANIZATION/COMPANY/FIRM:

POSITION APPLIED FOR: VOLUNTEER: YES / NO

HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENCE? YES / NO

STATEMENT OF CONSENT: I consent to a search of all records available at the time the search is conducted, including pending charges, convictions and court orders registered in my name in the National Repository and databases available to the police service. I understand that if a possible record exists, it will not be disclosed unless identification has been confirmed by either myself or by fingerprints. Dated this day of 200_ Signature:

WAIVER for CONSENT of RELEASE OF INFORMATION TO FIRM or ORGANIZATION or COMPANY: I consent to the release of any and all information from available records to the authorized person of the above indicated Organization/Company/Firm. Dated this day of 200_ Signature:

CONSENT FOR PERSONS APPLYING FOR POSITIONS WITHIN THE VULNERABLE SECTOR If you are an applicant for a paid or volunteer position i) with a person or organization responsible for the well-being of one or more children or vulnerable persons, and ii) if the position is a position of authority or trust relative to those children or vulnerable persons please complete the following consent. Description of the paid or volunteer position: Provide details regarding the children or vulnerable persons: (e.g.: age, number of persons, etc.) I 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 pardon, for any of the 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 Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, 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 to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization. Dated this day of 200_ Signature:

Identification Produced: (1) (2)

Witness: Phone # (required if consent form is not being delivered in person)

THIS AREA FOR REGINA POLICE SERVICE USE ONLY

Receipt # Fingerprint Area Debit #