



**BRANDON POLICE SERVICE APPLICATION FOR A
CRIMINAL RECORD SEARCH CERTIFICATE**
1340-10th Street, Brandon, MB R7A 6Z3
PH: (204) 729-2345

Surname:		Given Name:		Middle Name:	
Any Other Surname: (maiden, birth, etc.)		Date of Birth: (YYYY-MM-DD)		Place of Birth:	
Address:			City:	Province:	Postal Code:
Telephone #:		Work Telephone #:		Gender: Male Female	
Previous address if less than 5 years at current address:			City:	Province:	Postal Code:
Circle applicable reason for check: Employment Volunteer Taxi Visa or Immigration School Other _____					
<ul style="list-style-type: none"> • Provide 2 pieces of valid identification. One must have a photo, current address, signature and date of birth. • Must have identification on person at time of application. Identification provided is by choice of applicant. 					
1.			2. ID verified by:		

Waiver and Release: I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Brandon Police Service, their members, employees, agents, and assigns from any and all actions, cause of actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever, arising out of the above authorized disclosure of information and waiver all rights thereto. The Brandon Police Service collects personal information and personal health information in the course of law enforcement activities and related programs. This information is collected under the authority of The Freedom of Information and Protection of Privacy Act (FIPPA), The Personal Health Information Act (PHIA), City of Brandon Policies and Procedures and Brandon Police Service Policies and Procedures.

Use of this information by other City Departments and/or disclosure to other agencies may be required. Your signature below verifies consent to use or disclose this information as necessary in accordance with the above noted Acts. If you have any questions about this collection, use or disclosure, please contact FIPPA representative for the Brandon Police Service, at 729-2305 or the Access and Privacy Officer for the City of Brandon at 729-2210.

Signature:	Date:
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<p>Definition of Vulnerable Persons "Vulnerable Persons" can include children, youth, senior citizens, people with physical, developmental, emotional, social, or other disabilities, but will also include people who have been victims of crime or accident, those who are addicted or dependent on addictive substances, and those who are otherwise left with little or no defense against persons who would harm them.</p> <p>NOTE: "Vulnerable Persons" are individuals who are at greater risk of being harmed than the general population, because of their age, disability or handicap, or circumstances whether temporary or permanent.</p> <p>Will your work bring you in contact with vulnerable persons? _____ YES _____ NO</p> <p>If you have answered "yes", please complete the following:</p> <p>Description of paid or volunteer position: _____</p> <p>The name of the person or organization is: _____</p> <p>Consent: 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.</p> <p>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 the record to the 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 the information to the persons or organization referred to above that requested the verification, that information will be disclosed to the person or organization.</p>		
<table border="1"> <tr> <td>Signature:</td> <td>Date:</td> </tr> </table>	Signature:	Date:
Signature:	Date:	

BELOW PORTION FOR POLICE USE ONLY

Local	
PROS	
CPIC	
CNI	
Paid	

PROS #: _____ Receipt #: _____
 Processed by: _____ Date: _____
 Authorized by: _____ Date: _____