

APPENDIX B

PROCEDURES TO BE FOLLOWED IN THE EVENT OF A DELAY IN RECEIVING A CRIMINAL RECORD CHECK

Applicant:		
Employing Authority:		
Address:		
Date:		
As the Employing Authority	representative, I have:	
Criminal Record Check the Canadian Police In received the applicant' work only under direct participants' funds determined that the ap contains enough detail • the applicant has no charges • the criminal record employment received a clear Adult	that the offer of employment is conditional upon provision of a satisfactory k including a Vulnerable Sector Search and a check of local police files an aformation Centre (CPIC) National Repository Files is signed Declaration of Criminal Record, which includes an agreement to monitoring and oversight of an approved staff person and to not manage oplicant's Declaration of Criminal Record is satisfactory (i.e., the Declaration I to indicate that either: The oriminal record, pardoned sexual offenses or pending or pending charges do not have a direct relationship to the Abuse Registry check from the applicant Abuse Registry check from the applicant	
☐ received an original re Record Check including	ceipt from the applicant verifying that he or she has applied for a Criminal ag a Vulnerable Sector Search	
☐ provided the staff in ch	with a written list of approved staff persons narge of work schedules with written direction that the applicant cannot wo approved staff persons who can provide monitoring and oversight	rk
□ placed all written comr applicant's personnel f	munication to the applicant and staff in charge of scheduling on the file	
☐ made calendar entries	opy of this checklist on the applicant's file at regular intervals over the next six months to follow up with the applicant sceived the completed Criminal Record Check and have maintained this discant's personnel file	ıt



If the list of approved staff persons changes, as the Employing Authority I have:				
	to the applicant to staff responsible for scheduling the applicant's personnel file			
Applicant:				
Employing Authority:				
Address:				
Date:				
Signature of Employing Auth	hority Representative			
Name and Position of Emplo	oying Authority Representative			

This form is to be maintained on the Employing Authority's personnel file.