

## DECLARATION OF CRIMINAL RECORD OR ADULT ABUSE REGISTRY RECORD

This form is to be completed by applicants seeking to provide residential care in shift-staffed homes when there is a delay in obtaining a Criminal Record Check **or** an Adult Abuse Registry Check.

Applicants completing this form while waiting for a Criminal Record Check **or** an Adult Abuse Registry Check may only work under direct supervision by a staff who meets the record check and First Aid requirements outlined in the Residential Care Licensing - Record Checks and First Aid Requirements for Shift-Staffed Homes policy.

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Any Previous Names (birth name, etc.): \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Year Month Day

Home/Facility Address: \_\_\_\_\_

Delayed Document:

- Criminal Record Check
- Adult Abuse Registry Check

**Only complete the section relevant to the delayed document.**

### DECLARATION:

#### CRIMINAL RECORD

1. Have you ever been convicted of a criminal offence for which you have not received a pardon, including but not limited to an offence under the [Criminal Code](#) (Canada), [Controlled Drugs and Substances Act](#), and/or the [Immigration and Refugee Protection Act](#) (and its predecessor)?

Yes  or No

2. Have you ever been convicted of a sexual offence as listed in the schedule to the [Criminal Records Act](#), for which you have since been pardoned?

Yes  or No

3. Are you presently being charged or investigated for a criminal offence?

Yes  or No

4. If you answered yes to any of the above, please provide details of the conviction(s) and/or charge(s), including date, offence and penalty. (If more space required, provide additional page.)

## ADULT ABUSE REGISTRY RECORD

5. Has your name been entered onto the Adult Abuse Registry?

Yes  or No

6. Are you presently under investigation for abuse or neglect of an adult living with an intellectual disability as defined in [The Adults Living with an Intellectual Disability Act](#) (formerly known as the Vulnerable Persons Living with a Mental Disability Act) or a patient as defined in [The Protection for Persons in Care Act](#)?

Yes  or No

7. If yes, please provide details of the investigation, including date and offence. (If more space is required, provide additional page.)

I declare that the above information is true and complete.

I understand that my employment is conditional upon my providing a satisfactory Criminal Record Check, including a Vulnerable Sector Search, and a clear Adult Abuse Registry Check within six months from the date of hire.

I also understand that I must be directly supervised at all times by a staff who meets the record check and First Aid certificate requirements outlined in this policy until I provide a Criminal Record Check/Adult Abuse Registry Check.

I further understand that, should the results of the Criminal Record Check/Adult Abuse Registry Check reveal that relevant information was omitted on this Declaration; my employment may be terminated immediately for just cause.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employing Authority

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

\_\_\_\_\_  
Name and Position of Employing Authority