

Send to: Joanne Cormier: Fax – 506-856-3013

Return to:

Social Development
Centralized Intake Service
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Moncton, NB E1C 9Y3
(506-856-2258)
Joanne.Cormier2@gnb.ca

You should indicate if it is for:

- Initial Check
- Five year renewal
- Other

SD Record Check Consent Form – Appendix C

Name of Agency / Service: _____ Fax: _____

Address: _____ Telephone: _____

PLEASE PRINT

Full Name of Applicant: _____
Surname First Name Middle Name

Maiden Name: _____ Other(s) surname(s): _____

Date of Birth: _____ Sex: M F Previous employer: _____
Year Month Day

Current address: _____

Previous Addresses (within past five years): _____

The undersigned hereby expressly authorizes and consents to the Department of Social Development conducting an SD Record Check & disclosing information obtained through that record to the aforementioned care provider.

The undersigned understands this is done to determine whether the applicant has any contraventions, as described below, under the *Family Services Act*.

Any individual who has one of the following criteria (fitting the definition of "contravention indicated"):

- a) a court order based on a finding by the court that a person has endangered a child's security or development as describes in paragraphs 31(1)(a) to (g) of the Act or a person's security as described in paragraphs 37.1(1)(a) to (g) of the Act;
- b) a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security or development of a child as described in paragraphs 31(1)(a) to (g) of the Act, where the person has been informed of the finding of the Minister, and
- c) a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security of another person as described in paragraphs 37.1(1)(a) to (g) of the Act, where the person has been informed of the finding of the Minister;
- d) who has been found, in accordance with section 27(4)(d) of the Act, to operate a community placement resource in a manner that is dangerous, destructive or damaging to a user.

Shall not be permitted to:

- operate or work in a day care facility, adult residential facility, child placement facility (for example: a foster home or group home), in an AFLA or at Adult Development Activities Program & Training (ADAPT);
- live in an adult residential facility or child placement facility operated out of a personal residence;
- provide home support services, such as attendant care, and homemaker;
- become an adoptive parent.

The applicant acknowledges that he/she has read and understood the foregoing consent authorization. Individuals not in agreement with the outcome of their record check may request, in writing, and administrative review. Applicants may request an exemption to their contravention if three years have passed and the applicant can demonstrate positive personal changes.

X _____ Dated this _____ day of _____, 20 _____
Signature of applicant

Contravention not indicated Contravention indicated Signature _____ Date _____

PLEASE PROVIDE A COPY OF THIS PAGE TO THE AGENCY OR SERVICE FOR ITS RECORD (Sept 2013)