

Enter School Name:

DO NOT WRITE IN THIS AREA



POLICE REFERENCE CHECK PROGRAM

*****CONSENT TO DISCLOSURE OF PERSONAL INFORMATION*****

To be used only to assist the Agency to determine the suitability of successful candidates for employment and/or volunteer duties (including Agency board members and contact members) where individuals will have direct contact with children or vulnerable persons.

SURNAME		GIVEN NAMES			
MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)		DATE OF BIRTH		YY	MM DD
PLACE OF BIRTH	SEX	(AREA CODE) TELEPHONE # (RES.)		DRIVER'S LICENCE NUMBER	
NUMBER	STREET	APT/UNIT #	CITY	POSTAL CODE	YEARS AT THIS ADDRESS:

***(PROVIDE PREVIOUS ADDRESSES IF YOU DID NOT RESIDE AT THE ABOVE ADDRESS FOR MORE THAN FIVE YEARS)

NUMBER	STREET	APT/UNIT	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS:
NUMBER	STREET	APT/UNIT	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS:

REASON FOR REQUEST: EMPLOYMENT VOLUNTEER OTHER (PLEASE SPECIFY)

Contact with the Toronto Police Service under the Mental Health Act: The Toronto Police Service's data banks include information on a person's contact with the Service, if any, under the *Mental Health Act*. This information is **not disclosed** by the Service as part of a reference check **unless** the Agency requesting the reference check from an individual certifies that the information, if available, is required by the Agency for it to complete its evaluation of the suitability of an applicant. Therefore, the following section must be completed by a person with authority at the Agency to indicate whether the Agency requires information on *Mental Health Act* apprehensions, if any.

I, Marla Fowler, CERTIFY THAT Toronto District School Board (Agency name):

requires the Service to include information about the applicant's contact with the Service under the *Mental Health Act*, if any, in the reference check result provided to the applicant. I certify that the disclosure of information is required by the Agency because it is related to a *bona fide* occupational or volunteer requirement and is required for the Agency to assess the applicant's suitability for the position. The Agency has explained to the applicant how the responsibilities of the position relate to the request for *Mental Health Act* apprehension information, and has extended a conditional offer for the position to the applicant.

OR

does NOT require that the Service include information, if any is available, about the applicant's contact with the Service under the *Mental Health Act* in the reference check results to be provided to the applicant.

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF AGENCY REQUESTING CHECK:

DATE: March 1, 2013

SIGNATURE: Marla D. Fowler

WAIVER & RELEASE TO BE SIGNED BY INDIVIDUAL APPLYING FOR REFERENCE CHECK:

I hereby request the Toronto Police Service to undertake a police reference check on me by searching the appropriate data banks both, national and local to which the Service has access, and to provide me with a summary of any information revealed pursuant to the Police Reference Check Program. I understand that information about an apprehension under the *Mental Health Act* will be disclosed in my reference check if requested by the Agency above. I also understand that, in addition to information on any previous convictions against me, information on charges that are ongoing or have been withdrawn will be disclosed in my reference check. The Agency has explained to me the responsibilities of the position I am seeking and how they relate to the request for *Mental Health Act* apprehension information. More information on the Police Reference Check Process or the categories of information that may be disclosed in a reference check is available at www.torontopolice.on.ca or by calling (416) 808-7991. I understand that the results of my reference check will be mailed only to me at the current address that I provide above.

I also consent to a search being made in the automated criminal records retrieval system maintained by the RCMP 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*. If I am suspected of being the person named in the criminal records 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, I will be requested to provide fingerprints to confirm that record and that record may be provided by the commissioner of the RCMP to the solicitor general of Canada, who may then disclose all or part of the information contained in that record to the Toronto Police Service or other authorized body. I understand that the Toronto Police Service will then disclose that information to me.

SIGNATURE OF APPLICANT AUTHORIZING REFERENCE CHECK TO BE CONDUCTED:

SIGNATURE OF APPLICANT _____

SIGNATURE OF WITNESS (agency employee) _____

SIGNED THIS _____ DAY OF _____, 20 _____

Aliki Pappas
Name of Agency Contact Person

416-393-0759
Phone Number

Forms not initialled and signed as required will not be processed. Please provide a copy of the executed form to the applicant.

Personal information on this form is collected and disclosed pursuant to the *Police Services Act*, the *Municipal Freedom of Information and Protection of Privacy Act* and the *Criminal Records Act* and will be used to disclose personal information only to the applicant upon receipt of the applicant's written consent. Questions should be directed to: Police Reference Check Programme, (416)808-7991. Additional information is also available on the Service's website at www.torontopolice.on.ca. This information may or may not pertain to the subject of this inquiry. Positive identification can only be confirmed through submission of fingerprints.

PLEASE HAND PRINT YOUR COMPLETE NAME AND MAILING ADDRESS IN THE BOX BELOW

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