



Process Completed
December 21st, 2018

SHARING FORM

CRIMINAL RECORDS REVIEW PROGRAM

Application to request to share the results of a previous criminal record check with the Criminal Records Review Program

Forward a copy of the form to the Criminal Records Review Program by mail, fax or email.

MAIL: Criminal Records Review, Ministry of Justice, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1,

FAX the consent form to: 250-953-0408, or E-Mail the consent form to criminalrecords@gov.bc.ca

APPLICANT INFORMATION

| | | |
|---|--|---------------------------------|
| Legal Surname / Last name: PHILLIPS - BELL | Legal Given / First Name: SUANITA | Legal Middle Name: LYAN |
| Date of Birth: 1973 06 01 YYYY MM DD | Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F | Birthplace: TIMARU, NEW ZEALAND |
| Additional Names (Alias, Maiden Name, etc.): | | |
| Surname / Last Name: | Given / First Name: | Middle Name: |
| Residential Address: P.O. Box 141 6594 HODGINS ROAD | City: MERRVILLE | Province: BC |
| | Country: CANADA | Postal Code: V0R2M0 |
| Mailing Address (If different from above): SAME AS ABOVE | City: | Province: |
| | Country: | Postal Code: |
| Contact Area Code & Phone No. 250 722 7081 / 3371973 | Driver's Licence #: 7164826 | |

ORGANIZATION INFORMATION

| | | | | |
|--|--|---|-------------------------|---|
| Organization that I have already completed a criminal record check for under the Criminal Records Review Program (CRRP): | | | | |
| Organization Name: LINDA'S AFTERSCHOOL CARE | ID Number (Provided by the CRRP): 109565 | Office Area Code & Phone No.: 250 792 0054 | | |
| Mailing Address: 980 WADDINGTON CRESENT | City: COURTENAY | Province: BC | Country: CANADA | Postal Code: V9A 9V6 |
| Organization that I request to share the results of my previous criminal record with: | | | | |
| Organization Name: NORTH ISLAND COLLEGE | Organization Contact Name or Title: SHARON BOUCHARD ADMISSIONS OFFICER | | | |
| ID Number (Provided by the CRRP): 1434245 | Mailing Address: 2300 RYAN ROAD | | | |
| City: COURTENAY | Province: BC | Country: CANADA | Postal Code: V9A 3N6 | Office Area Code & Phone No.: 250 334 5017 |

Works With (Select ONE default category of Criminal Record Check to be performed for your organization):

Children or Vulnerable Adults or Children and Vulnerable Adults

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS:

- I understand to share the result of a criminal record check, I must have completed a criminal record check within the last 5 years through the Criminal Records Review Program and the sharing request must be for the same type of check as previously completed, either for children, vulnerable adults, or both children and vulnerable adults.
- I confirm I have completed a criminal record check within the past five years with the Criminal Records Review program which did not result in a determination of risk to children and/or vulnerable adults as defined in the Criminal Records Review Act. I understand no details will be disclosed to my organization, only the result. I hereby consent to share the result of the completed check with the above indicated organization.
- I understand that if the registrar determines I do not have criminal record check to share according to the above criteria, I will be promptly notified.
- I understand that within 5 years of the date of this criminal record check verification authorization, should the Criminal Records Review Program make a determination that I pose a risk to children and/or vulnerable adults, the Deputy Registrar will promptly provide notification to me and to the persons and entities (organizations) identified in the criminal record check verification authorization.

Applicant Signature: Date Signed: 2018/11/29
 SUANITA LYAN PHILLIPS-BELL
 Date Signed YYYY / MM / DD

Freedom of Information and Protection of Privacy Act (FOIPPA): The information requested on this form is collected under the authority of the Criminal Records Review Act section 6.1 and section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185.

Phone: toll-free 1-855-587-0185 (Outside 2) Fax: 250-953-0408 Email: criminalrecords@gov.bc.ca

Ministry of Public Safety and Solicitor General

Process Completed December 21st, 2018