



Education Assistant Certificate Program (EA) Admission Process

Thank you for your interest in the Education Assistant Program! Below is information on the admission process specific to the Part-time (evening and weekend) EA program which starts in the Summer term each year.

Email ea@capilanou.ca to add your name to our interest list. We can then let you know when the dates are set for the program information meetings. An RSVP will be required.

It is important to attend the **MANDATORY** program information meeting; a requirement for program entry. Meeting dates when set will be posted here: <https://www.capilanou.ca/about-capu/get-to-know-us/events/>

If after attending the mandatory information meeting you are interested in applying, you would need to:

1. submit an [online application](#) to the University and
2. submit a completed package of admission documents to the EA department by the deadline provided at the Information session.
3. Complete a Criminal Record check. See forms below.

At the information meeting you will receive a full package detailing the complete admission process.

REQUIRED FORMS (attached below)	
Criminal Record Check (CRC)	Only criminal record checks completed through the University can be accepted. Please do not obtain one through the RCMP. Contact Debbie Mah dmah@capilanou.ca to arrange a time to bring forms to the campus along with 2 pieces of original identification. Print and complete credit card and consent form below. There is a \$ 28.00 fee.



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For Internal Use

CONSENT TO A CRIMINAL RECORD CHECK

For working with children and / or vulnerable adults

IMPORTANT: Please read information and instructions on Page 2. To avoid processing delays, **ensure all relevant fields are complete and your email address is provided for payment purposes.** Note: no cash or personal cheques are accepted. Providing your Driver's Licence Number may expedite the process.

Schedule Type (choose one): A B C D E

WORKS WITH (choose one): children vulnerable adults children and vulnerable adults

If you are unsure which 'schedule type' or 'works with' category to select, please contact your organization.

PART 1: APPLICANT INFORMATION:

Legal Surname / Last name:		Legal Given / First Name:		Legal Middle Name:	
Date of Birth: _____ YYYY MM DD		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Birthplace: _____	
Additional Names (Alias, Maiden Name, etc.):					
Surname / Last Name:		Given / First Name:		Middle Name:	
Residential Address:		City:	Province:	Country:	Postal Code:
Mailing Address (if different from above):		City:	Province:	Country:	Postal Code:
Contact Area Code & Phone No.		E-mail Address (REQUIRED to receive your payment options):			Driver's Licence #:

PART 2: ORGANIZATION INFORMATION:

SECTION A Complete this section if you have been provided an ID number by the Criminal Records Review Program (CRRP).

Organization Name:	
Organization Contact Name or Title (The person receiving the result of the check):	ID Number (Provided by the CRRP):

SECTION B If you are unable to provide an ID Number please complete ALL of Section B.

Organization Name:		Organization Contact Name or Title:	
Mailing Address:			
City:	Province:	Country:	Postal Code:
Office Area Code & Phone No:		Organization E-mail Address:	

SECTION C

Applicant's Position / Job Title with Organization:		<ul style="list-style-type: none"> • Organization type MUST be selected • ID MUST be verified 	
Organization Type: <input type="checkbox"/> Health Authority <input type="checkbox"/> Community Living BC <input type="checkbox"/> Contractor <input type="checkbox"/> Licensed Child Care Facility <input type="checkbox"/> Unlicensed Child Care Facility <input type="checkbox"/> Licensed Adult Care Facility <input type="checkbox"/> Independent / Private School <input type="checkbox"/> Ministry <input type="checkbox"/> School District <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Government Agency <input type="checkbox"/> Other:			

PART 3: SCHEDULE D ONLY MUST PROVIDE:

Licensed Child Care or Adult Care Facility Name:

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

I have read and understand the Consent for Release of Information and Acknowledgements on Page 2. I hereby consent to these terms as indicated by my signature below:

Applicant Signature _____ Parent or Guardian Signature for Applicant Under 19 Years of Age _____ Date Signed YYYY / MM / DD _____

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

Website: <http://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check>

Ministry of Public Safety and Solicitor General

Criminal Records Review Program

Policing and Security Programs Branch, Security Programs Division

PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1

Consent to a Criminal Record Check (Schedule A, B, C, D, or E)

Schedule Types (including specific instructions for each schedule type)

Schedule A: use if the individual is an employee working with children and / or vulnerable adults and does not meet any description of schedules B, C, D or E. The employer retains the original signed consent form.

Schedule B: use if the individual is a) applying for membership or is a registered member of a B.C. governing body listed in schedule 2 of the Criminal Records Review Act, or b) is a registered student in a post secondary program with a practicum component involving work with children and / or vulnerable adults. The requesting organization retains the original form.

Schedule C: use if the individual is a resident age 12 or older or a manager or owner / operator of a licence-not-required child care facility. The child care facility must apply for registration or be registered with the Child Care Resource and Referral program. The local Child Care Resource and Referral Program must complete PART 2 of this form and retains the original form.

Schedule D: use if the individual is a manager or owner operator applying for or already holds a child care or adult care (vulnerable adults) facility licence, or is the manager's or owner operator's family member age 12 or older living in the facility. The local Health Authority, Community Care and Assisted Living facilities licensing office must complete PART 2 of this form and retains the original signed consent form. Individuals must also complete PART 3.

Schedule E: use if the individual is an employee at a child care or adult care (vulnerable adults) facility, licensed under the Community Care and Assisted Living Act. The manager or owner / operator of the facility retains the original signed consent form.

CHECKLIST for Applicant

- I understand which 'schedule type' and which 'works with' category pertains to me (if this is not clear, please ask your organization).
- I have completed the applicable sections of the form truthfully, clearly and legibly, and signed and dated it.
- I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Privacy Act (FOIPPA).
- My organization has verified my ID in person to confirm my identity and information on the consent form is accurate.
- I have provided my email address for payment purposes.
- My employer or organization will retain the originals of the forms I have completed.

CHECKLIST for Organization

- The employee/applicant will provide you with the original, completed and signed consent form.
- Verify the ID of each employee/applicant in person to confirm their identity and to ensure the information matches what was provided on the consent form. NOTE: Please use a Canadian Driver's Licence if the applicant has one.
- Retain the original form(s) for 5 years.
- Forward a copy of the form(s) to the Criminal Records Review Program by mail or fax:
MAIL: Criminal Records Review, Ministry of Public Safety and Solicitor General,
PO Box 9217 Stn Prov Govt, Victoria BC V8W 961
FAX: 250-953-0408

Consent for Release of Information and Acknowledgements

PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT

- I hereby consent to a check for records of criminal charges and convictions to determine whether I have a conviction or out-standing charge for any relevant or specified offence(s) under the Criminal Records Review Act;
 - I hereby consent to a check of all available law enforcement systems, including any local police records.
 - I hereby consent to a vulnerable sector search to check if I have been convicted of and been granted a pardon for any sexual offences of the Criminal Records Act.
 - I understand a criminal record check under the Criminal Records Review Act is required at least once every five years.
 - Go to the RCMP website for additional details on vulnerable sector checks: <http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court, corrections, and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the Criminal Records Review Act or any police investigations deemed relevant by the Registrar.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and / or physical, sexual or financial abuse to vulnerable adults as applicable.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 4(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 to 1-855-587-0185.



TO BE COMPLETED IF PAYING BY CREDIT CARD

Directions: You may complete the form fields at your computer, print, then sign and date it. OR you may print the form out and complete it using a dark ink pen, printing clearly and carefully. The form must be signed and dated and all information must be complete in order for the record check to proceed. Incomplete forms will be returned. Credit card information should not be emailed. Mail or fax this form to the Criminal Records Review Program (address below).

PART A – INDIVIDUAL(S) REQUIRING A CRIMINAL RECORD CHECK:

Clearly print the names of individuals requiring a criminal record check and for whom applications are attached (a list of names is not required for those establishing or replenishing a Draw Down account).

Table with 3 columns: Surname, First Given Name, Middle Name(s). Multiple empty rows for data entry.

PART B – FOR SECURITY PROGRAMS USE ONLY:

Bundle #: _____ Completed by: _____

PART C – CREDIT CARD PAYMENT AUTHORIZATION

I authorize the use of the following credit card to cover criminal record check(s) fees as follows (check one):

Payment Type: [] Visa [] Mastercard

I hereby authorize to deduct \$28.00 for each applicant listed in Part A: \$ _____ (total payment authorized).

I wish to establish a drawdown account.

I wish to replenish an existing drawdown account.

Credit Card Number: _____ Expiry Date: _____ / _____ 3 Digit CVC _____ (Month / Year)

Print Cardholder's Last Name: _____ First Name: _____

Signature of Cardholder: _____ Date signed: _____ / _____ / _____ (Month / Day / Year)

Mailing Address: _____ City: _____

Country: _____ Province: _____ Postal Code: _____ Contact phone no. () _____

Name of Organization: _____