



Family and Children's Services Niagara

Les Services à la famille et à l'enfance de Niagara

Child Welfare Record Check Consent Form: External/OPR Employee Record Check

I, _____ (Present Full Name)

Date of Birth: _____ (Month/Day/Year)

Past/Other Names (Birth Name, Married Names, Other Names)

of _____
(Current Address – Street, Apt./Suite No., City, Postal Code)

I consent to a search being conducted of the records of Child Welfare Societies in Ontario

I understand that most Child Welfare Societies are using the Child Protection Information Network ("CPIN") as their record system, and that when a Child Welfare Societies using CPIN searches for my record, it will find all records of my involvement with all other Child Welfare Societies also using CPIN. I agree that CPIN can be used to conduct child welfare searches in relation to my application for the position, in addition to other record systems used by individual Child Welfare Societies.

I consent that my record check results be sent to me via:

Email Mail

If requested records are to be sent via email, please ensure to submit your request to recordsdisclosure@facsniaagara.on.ca with photo Identification from the email that you wish to have records returned to.

Previous Places of residence:

I have lived in the following places since I reached the age of 18 years or became a parent, whichever first occurred (If more space is needed, please use back of form):

City, Province, Country	Dates- (from-to)

Searches may result in multiple records with similar names and dates of births. The additional information provided below will be utilized only to assist in locating any child protection records pertaining to you.

My child/ren's name(s):

Child's Name: _____ D.O.B.: _____
(Month/Day/Year)

Child's Mother's Maiden name: _____

Child's Name: _____ D.O.B.: _____
(Month/Day/Year)

Child's Mother's Maiden name: _____

Child's Name: _____ D.O.B.: _____
(Month/Day/Year)

Child's Mother's Maiden name: _____

My parent/caregiver's name(s):

Parent/Caregiver Name: _____ D.O.B.: _____
(Month/Day/Year)

Parent/Caregiver Name: _____ D.O.B.: _____
(Month/Day/Year)

I, the undersigned, hereby confirm that the above information is correct in all respects.

Signature: _____

Date: _____
(Month/Day/Year)

Contact Phone #: _____
Email: _____

THIS CONSENT IS VALID FOR 12 MONTHS FROM THE DATE OF SIGNATURE

*Requests for communications in alternate formats should be made directly to the potential employer.