Social Development Record Check Consent Form

Return to: Urban/Rural Rides **Send to:** Centralized SD Record Check Services

P.O. Box 5001, Moncton, NB E1C 8R3

Fax: 506-856-3013

[]

Contravention

not indicated

Phone: 506-856-2258 Toll free:1-844-994-7372 (SDRC)

Email: Check. Verification@gnb.ca

urbanruralrides@gmail.com

506-576-2204

ou/	must	indicate	if	it	is	for

 \odot Initial check

Date

- O Five-year renewal
- Ο Owner/Operator
- 0 **Exemption request**
- New childcare facility request

Name o	of Agency / Service:	Urban/Rural Rides		Fa	x:	506-576-2204
Addres	ss: 83 Horsma	an St, Salisbury, NB, E4J 2	:H3	Te	lephone:	506-215-2100
	Name of Applicant:	Surname		First Name urname(s):] [Middle Name
Curre		Month Day civic#, city/town and postal code): past five years (must contain civic#, or				
	• To conduct a SD Reco	to the Department of Social Develord Check, as described below, and ne of the SD Record Check to the ag		the top of this form.		
a) a a b a c c a a c c a d a d a c c a a c c a a c c a c a	a court order based on a of the Act or a person's sa finding by the Ministed described in paragraphs a finding by the Minister paragraphs 37.1(1)(a) to who has been found, in	Check is to review Social Developm finding by the court that a person has security as described in paragraphs for, as the result of an investigation 31(1)(a) to (g) of the Act, where the r, as the result of an investigation by (g) of the Act, where the person has accordance with section 27(4)(d) g to a user, where the person has	as endangered a child's 37.1(1)(a) to (g) of the A by the Minister, that a person has been informy the Minister, that a person has been informed of the f of the Act, to operate	security or development Act; person has endangered ned of the finding of the erson has endangered the finding of the Minister; a community placement	the securi Minister; a e security of	ty or development of a child as and of another person as described in in a manner that is dangerous.
	Development, including: operate or work in an home), in an AFLA or live in an adult resider approved case plan;	ve-noted criteria cannot be approved early learning and childcare facility at Adult Development Activities Partial facility or child placement facility services, such as attendant care and arent.	, adult residential facilit rogram & Training (AL lity operated out of a pe	ry, child placement facil DAPT);	ity (for exa	ample: a foster home or group
	plicant acknowledges the ord Check may request a	at he/she has read and understands a review in writing.	the purpose of this con-	sent. Applicants who are	e not in agr	reement with the outcome of the
X	Signature of applicar	Dated this	day of		, 20 _	_
		t they have reviewed the Applican nent issued identification.	t's government issued	identification and conf	ïrms that t	he information recorded above
X	Signature of witness	Print nam	e (witness)	Dated this	day of	20

Note: All incomplete forms will be returned to the sender which will result in a delay to the processing of the SD Record Check.

Signature _

Contravention

indicated