## **Social Development Record Check Consent Form**

Send to: Centralized SD Record Check Services Return to:

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

Fax: 506-856-3013

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Contravention

not indicated

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

Email: Check. Verification@gnb.ca

## You must indicate if it is for:

O Initial check

Date

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

Name of Agency / Service:	Fax:				
Address:	Telephone:				
	<u>P</u>	LEASE PRINT	-		
Full Name of Applicant:  Surnam	<u> </u>		First Name	Middle No	ame
Maiden Name:		Other(s)	) surname(s):		
Date of Birth Year Month	Sex: M	F	Previous employer: _		
Current address (must contain civic#, city/tow	n and postal code):				
Previous Addresses within past five ye	ars (must contain civic#, city	/town and postal code	):		
<ul> <li>The Applicant provides consent to the Depar</li> <li>To conduct a SD Record Check, as</li> <li>To disclose the outcome of the SD</li> <li>The purpose of the SD Record Check is to re</li> <li>a court order based on a finding by the of the Act or a person's security as de</li> </ul>	described below, and Record Check to the ager view Social Development e court that a person has scribed in paragraphs 37.	ncy/service named t files to determine endangered a child 1(1)(a) to (g) of th	if the Applicant has bee l's security or developme e Act;	ent as described in parag	graphs 31(1)(a) to (g)
b) a finding by the Minister, as the result described in paragraphs 31(1)(a) to (g) a finding by the Minister, as the result paragraphs 37.1(1)(a) to (g) of the Act who has been found, in accordance destructive or damaging to a user, resource.	of the Act, where the pet t of an investigation by the t, where the person has be with section 27(4)(d) of	erson has been info the Minister, that a seen informed of the the Act, to opera	ormed of the finding of the person has endangered the e finding of the Minister the a community placement	ne Minister; and the security of another p ; ent resource in a mann	erson as described in
Applicants with any of the above-noted crite Social Development, including:  operate or work in an early learning home), in an AFLA or at Adult De	g and childcare facility, ac	dult residential fac	ility, child placement fac		
<ul> <li>live in an adult residential facility of approved case plan;</li> <li>provide home support services, such become an adoptive parent.</li> </ul>		•	personal residence, exce	ept as a client receiving	services as part of ar
The Applicant acknowledges that he/she has SD Record Check may request a review in w		e purpose of this co	onsent. Applicants who a	are not in agreement wit	h the outcome of the
XSignature of applicant	Dated this	day of		, 20	
The Witness acknowledges that they have matches the Applicant's government issued in		government issue	ed identification and con	nfirms that the informa	tion recorded above
XSignature of witness	Print name (	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