

Please return to:

APPENDIX "D"

DSD Record Check Consent Form

Name OF Agency/Service: Fredericton Boys & Girls Club

Address: PO Box 3188, Station B, Fredericton, NB, E3A 5G9

Telephone: 472-5112

Full Name of Applicant: _____
Surname *First Name* *Middle Name*

Maiden Name: _____ Other surnames: _____

Date of Birth: _____ Sex: _____
Year *Month* *Day*

Current Address: _____

Previous Addresses (within past five years): _____

The undersigned hereby expressly authorizes and consents to the Department of Social Development conducting a DSD Record Check & disclosing information obtained through that record check to the aforementioned care provider.

The undersigned understands this is done to determine whether the applicant has any contraventions, as described below, under the Family Services Act:

Any individual

- a) against whom a court order has been made under the Family Services Act in relation to a child's security or development under paragraph 31(1)(e) and/or an adult's security under paragraph 31.1(1)(e); or
- b) who has been found, as the result of a documented investigation under subsection 31(2) of the Act, to endanger the security or development of a child in accordance with paragraph 31(1)(e) and who has been informed, under paragraph 30(8)(b), of the findings and conclusions of the investigation; or
- c) who has been found, as the result of a documented investigation under subsection 35(1) of the Act, to endanger the security of an adult in accordance with paragraph 37.1(1)(e) and who has been informed of the findings and conclusions of the investigation; or
- d) who has been found, in accordance with section 27(4)(d) of the Act, to operate a community placement resource in a manner that is dangerous, destructive or damaging to a user shall not be permitted to:
 - operate or work in a day care facility, adult residential facility, child placement facility (for example, a foster home or group home), in an AFLA or at Adult Development Activities Program & Training (ADAPT);
 - live in an adult residential facility or child placement facility operated out of a personal residence;
 - provide home support services, such as attendant care, and homemaker;
 - become an adoptive parent.

The applicant acknowledges that he/she has read and understood the foregoing consent authorization.

X _____
Signature of Applicant

Dated this _____ day of _____, 20____

TO BE COMPLETED BY DSD

[] Contravention not indicated [] Contravention indicated Signature _____ Date _____