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| **THE PROVINCIAL COURT OF MANITOBA** |
| **C:\Users\mbacon\AppData\Local\Microsoft\Windows\INetCache\Content.Word\Scales of Justice.png** |
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| ***Consent to the Disclosure and Verification for Screening Checks*** |
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| The information on this form is required for the purpose of providing a security screening assessment. |
|  |
| I, the undersigned, do consent to the disclosure of the following personal information and its subsequent verification by the Government of Manitoba, Security Intelligence Branch if requested by the Appointment Committee for Judicial Justices of the Peace. In particular, I give my consent to have the following checks or verifications being made: |
|  |
|  |  | Initial besideeach statement |
|  |
| Date of birth, address information |  | **Click or tap here to enter text.** |
|  |  |  |
| Education, Professional Qualification, Employment History, Character References |  | **Click or tap here to enter text.** |
|  |  |  |
| Credit Check (Trans Union or Equifax) |  | **Click or tap here to enter text.** |
|  |  |  |
| Open Source Checks (World Wide Web, Media Search) |  | **Click or tap here to enter text.** |
|  |  |  |
| Civil Court Registry and the Office of the Superintendent of Bankruptcy |  | **Click or tap here to enter text.** |
|  |  |  |
| Relevant Professional Association Check (Law Society, etc.) |  | **Click or tap here to enter text.** |
|  |  |  |
| A check of my fingerprints by the Royal Canadian Mounted Police of police records relating to me, and where applicable, enquiries with provincial police forces and municipal police forces (the expression “police records” includes information related to criminal charges and/or convictions) |  | **Click or tap here to enter text.** |
|  |  |  |
| Canada Revenue Agency (CRA) - such search being limited to CRA  indicating by a “yes” or “no”, without providing particulars, whether there are any significant compliance-related issues relating to me under any Act administered in whole or in part by the CRA. |  | **Click or tap here to enter text.** |
|  |  |  |
| Director of Child and Family Services to search the Manitoba Child Abuse Registry to determine if my name is listed on the Registry. I hereby give my consent to the Director to release this information to the Appointment Committee for Judicial Justices of the Peace, in writing, upon completion. |  | **Click or tap here to enter text.** |
|  |  |  |
| Should any of the above organizations require additional documents and/or authorizations from me, I agree to provide such documents and/or authorizations if and when requested. |
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|  |
| **Click or tap here to enter text.** |  | **Click or tap here to enter text.** |
| Date (yy/mm/dd) |  | Applicant Signature |
|  |  |
|  |  |
|  |  |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| Full legal name | Date of birth: (YY/MM/DD) | Home Address |
|  |  |  |
|  |  |  |
| You may withdraw your consent to disclose in writing, at any time, prior to the disclosures being made, but doing so will effectively terminate your application for placement or employment. |