

(Please print clearly using BLACK ink only). Inaccurate or incomplete information may cause delays with your request.

Section 1 - Personal Information		
First Name:	Last Name:	Date of Birth (YY/ MM/ DD)
Congregation Name:		
Employee __ Volunteer ____ (please check one)		
If this form is being used to pay for multiple criminal record checks, please indicate the Congregation Name, the number of employees and the number of volunteers. Please ensure that all forms and photocopies of identification are included.		

Section 2 - Payment Information		
Payment Method: <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> Cheque, Bank Draft, or Money Order <small>Cheque to be made payable to: XpressChek Personal cheques must be certified.</small>		
Amount :	Card #:	Expiry Date (MM/YY)
Name of Cardholder:		
Signature:		Date:

Section 3 - Processing Information		
Fax or Email to:	XPRESSCHEK (416) 412 – 2765 screening@xpresschek.com	Note: be sure to include the Page 6 (Consent Form) with this fax/email.
Type of ID Verified (2 Pieces)	1.	2.
Date Sent:		
Acceptable ID	1 piece of Government Issued Photo ID, and 1 other piece of identification. Acceptable non-photo id includes: Birth Certificate, Baptismal Certificate, Hunting/Fishing/Boating Licence, Outdoors Card, Hospital Card, Canadian Blood Donor Card, Immigration Papers, Student Cards, LCBO Card, Age of Majority Card, and Government Employment Card. <u>SIN and Health Cards</u> are not accepted.	

Privacy Statement

Your personal information is being gathered at this time for the purpose of processing your criminal record check as required under the *Responsible Ministry: Screening in Faith* policy of the Anglican Diocese of Toronto. Your personal information is used solely for the purpose of ensuring that the criminal record information gathered applies to you, and only you. Your information will not be used for any other purpose. XpressChek is in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA). Upon the completion of processing your criminal record check, XpressChek will shred all credit card information immediately after processing, and all other information 90 days after processing.

XpressChek also has a Privacy Policy which can be found at: <http://xpresschek.com/privacy-policy/>.

A. Personal Information					
Title: (Ms./Mr./Dr./The Rev.)		Surname (last name):		Given names(s):	
Surname (last name) at birth:			Former name(s):		
Place of birth (City, Province/State, Country):					
Date of birth (YYYY-MM-DD):			Sex (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> N/A		
Phone number(s):			Email address:		
Current Home Address					
_____	_____	_____	_____	_____	_____
Number	Street	Apartment	City	Province/Territory/State	Postal/ZIP code
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
B. Reason for the Criminal Record Verification					
Reason for Request (example: Employment or Volunteer): <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer					
Organization Requesting Search: Anglican Diocese of Toronto: _____ (include full parish name here)					
Contact Name:			Contact Phone Number:		
C. Informed Consent					
SEARCH AUTHORIZATION – I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.					
POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):					
<input checked="" type="checkbox"/> CPIC investigative Data Bank		<input type="checkbox"/> Police Information Portal (PIP)			
<input type="checkbox"/> OTHER:					
AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.					
I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to _____					
XpressChek & Anglican Diocese of Toronto		Toronto Ontario			
Company Name		City and Country			
I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the _____					
Cobourg Police Service		to XpressChek		Toronto, Ontario	
Name of Processing Police Service		Company Name		City and Country	
Signature of Applicant		Date		Signed at	
		Year – Month - Day		City	
				Province/Territory	
D. Identification Verification					
			<input type="checkbox"/> Physical Identity Verification		<input type="checkbox"/> Electronic Identity Verification
Witnessing Agent's Name:			Identification Verified:		
Witnessing Agent's Signature:			Type of Photo ID Viewed (Government Issued) & Secondary ID		

Name and location of the company where information will be stored in Canada: XpressChek & Anglican Diocese of Toronto (Toronto, ON)

****Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation. ****

screening@xpresschek.com

Date de version du formulaire: 2017-10-05 Cobourg Police Service