



## Child Welfare Record Check Consent Form External/OPR Employee Record Check

I, \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Present full legal name Day Month Year

Please list any previous legal names and/or aliases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Of current address: \_\_\_\_\_  
Number Street City Province Postal Code

I consent to a search being conducted of the records of Child Welfare Societies in Ontario

I understand that most Child Welfare Societies are using the Child Protection Information Network (“CPIN”) as their record system, and that when a Child Welfare Societies using CPIN searches for my record, it will find all records of my involvement with all other Child Welfare Societies also using CPIN. I agree that CPIN can be used to conduct child welfare searches in relation to my application for the position, in addition to other record systems used by individual Child Welfare Societies.

I consent that my record check results be sent to (check all that apply)

Myself  My potential employer (OPR)

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
Number Street City Province Postal Code

### How would you like to receive your records?

Electronically via secure email:  Paper copy via Mail:   
Paper copy picked up at FCSSLG Office: Brockville – 438 Laurier Blvd   
Smiths Falls – 385 County Rd 29

**Previous Place of Residence:** I have lived in the following places since I reached the of 18 years or became a parent, whichever occurred first (if more space is needed, please use back of form)

\_\_\_\_\_  
City Province Country Date: \_\_\_\_\_  
From (month/year) To (month/year)

\_\_\_\_\_  
City Province Country Date: \_\_\_\_\_  
From (month/year) To (month/year)

\_\_\_\_\_  
City Province Country Date: \_\_\_\_\_  
From (month/year) To (month/year)

Searches may result in multiple records with similar names and dates of births. The additional information provided below will be utilized only to assist in locating any child protection records pertaining to you.

**My child/ren's name(s):**

Name of child: \_\_\_\_\_

Date of Birth (M-D-Year): \_\_\_\_\_ Child's mother's maiden name \_\_\_\_\_

Name of child: \_\_\_\_\_

Date of Birth (M-D-Year): \_\_\_\_\_ Child's mother's maiden name \_\_\_\_\_

Name of child: \_\_\_\_\_

Date of Birth (M-D-Year): \_\_\_\_\_ Child's mother's maiden name \_\_\_\_\_

**My Parent/caregiver's name(s):**

Name: \_\_\_\_\_

Date of Birth (M-D-Year): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth (M-D-Year): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth (M-D-Year): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**I, the undersigned, hereby confirm that the above information is correct in all respects.**

**Print:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_