



Form 1 - CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

(This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.)

Identification of the Applicant

Full Name: KIMBORLY-ANN STEPHENSON
Sex: FEMALE
Date of Birth: AUGUST 5TH 1970
Place of Birth: ST THOMAS ONTARIO
Address: [REDACTED] WPAQ NB
Previous Address (if any) within the last 5 years: N/A

Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of the paid or volunteer position: Place of Safety Provider
The name of the person or organization is: WCAFS
Provide details regarding the children or vulnerable person: god daughter

Consent

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature: [Signature] Date: Sept. 23, 2003



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Identification of the Applicant

Full Name: Rohan WAYNE Stephenson
 Sex: Male
 Date of Birth: NOVEMBER 10th 1970
 Place of Birth: Winnipeg MB
 Address: [REDACTED] MB
 Previous Address (if any) within the last 5 years: N/A

Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of the paid or volunteer position: Place of Safety Provider
 The name of the person or organization is: WC&PS
 Provide details regarding the children or vulnerable person: and daughter

Consent

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature: [Signature] Date: Sept 23 2003

HEU Dept. Prod. #759
 AUG 05 2003
 X

CHECK LIST FOR COMPLETING A PLACE OF SAFETY CONTRACT

NAME: Kimberly + Brian Stephenson PHONE: [REDACTED]
 Mailing ADDRESS: [REDACTED] Hb POSTAL CODE: R2Y 0C9
 CASE WORKER: STAN W. WILLIAMS PHONE: 944-6778
 SUPERVISOR: Heather Edmough PHONE: 944-4595

When complete send to LINDA GREIG at 222 Provencher Blvd.

PRIOR TO PLACEMENT:

Check if any adults in home are known to the agency as a Protection Case.
 Everyone in the home over 18 must have Police, Abuse Registry & Prior Contact Checks done on them.
 If there are more people over 18 in the home other than the careproviders, you will need to do additional police, abuse & prior contact checks for each person.

1. PLACE OF SAFETY PLACEMENT FORM (2 pages) Completed
 Be sure to use legal name for all parties (ie: children & adults) as well correct birth dates.
 Please ensure you have the signature of the designated person who authorised placement.
 i.e.: Social Worker & Supervisor (we will obtain the Resource Program Manager's signature)
2. NOTICE OF AGREEMENT TO PROVIDE PLACEMENT Completed, Signed & Witnessed
 Please carefully review this form with care provider.
 POS admin person will mail a copy of this form out to them.
3. PHYSICAL REQUIREMENTS CHECKLISTS (Provincial Form) Completed
 If applicable Basement Bedroom Requirement must be done. Completed Not Applicable
4. REFERENCE FORM (Done by placing Social Worker) Completed
5. PLACE OF SAFETY CARE RATE FORM Given
 (To be given to the care provider for their records)
6. GREEN SHEETS Complete & copy attached
 The "Place of Safety Care Placement", under the Placement Column must be checked.
7. DISCHARGE OF CHILD FROM POS: Please advise the POS Worker by sending a copy of the greens discharging the child(ren) from the POS as soon as possible.

PAYMENT WILL NOT BE RELEASED UNTIL PACKAGE IS COMPLETED AND GREENS ARE RETURNED

Date Forwarded To LINDA GREIG (222 Provencher Blvd.): July 31/03