

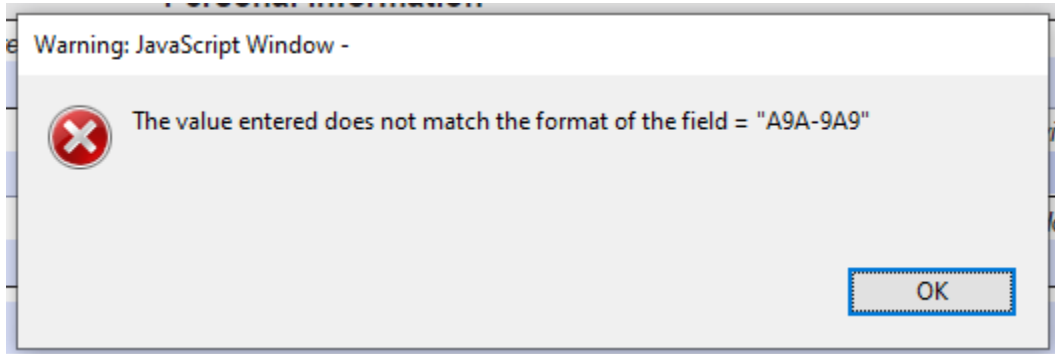
Please Complete **page 1** of the form **only**

- **SECTION 1:** Fill out all of Section 1 as stated including name, address, email address, other names used, and children’s names and information (see example below)

Alberta Children’s Services Ministry cannot ensure that the information on this form is reliable for screening an applicant for employment. The Ministry assumes no liability arising from using this information. Anyone using the information does so at their own risk and must consider all the information provided on the back of this form.

1 Personal Information				
My name is: <i>legal name of person requesting a record check (surname)</i>		<i>first name</i>		<i>middle name</i>
Doe		Jane		Marie
My address is: <i>(mailing address)</i>			<i>city</i>	<i>province</i>
82 16th Avenue SE			Medicine Hat	AB
Postal Code T1B-2N0	Phone (Residence) (403) 555-5555	Phone (Work)	Gender Female	Birthdate (mm-dd-yyyy) 05/14/2002
Email Address janedoe@mhc.ab.ca				
All other names I have used are: <i>other (surname and maiden names used)</i>				<i>first name</i>
Names, birthdates of all my children/children for whom I have acted as a parent (not foster children).(if now an adult, provide full name when a child)				
Child’s Surname	Child’s First Name	Child’s Middle Name	Child’s Gender	Birthdate (mm-dd-yyyy)
Doe	John	One	Male	03/04/2021
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
<input checked="" type="checkbox"/> By clicking this box I, <u>Jane Doe</u> , state that the information in this form is true to the best of my knowledge as of today.				10/12/2023 Date (mm-dd-yyyy)

- If you are filling out the form incorrectly (e.g., the postal code), a pop-up will appear



- **SECTION 2:** Select “I am applying to work directly with children....” Leave all other boxes empty.
  - If you have had a previous intervention record check (by completing this same form), please include the date

- Under Organization, enter Medicine Hat College
- For Type of Position, enter Student

2 Request for a Record Check			
<input checked="" type="checkbox"/> I am applying to work directly with children for the following organization(s), and I want to know about any record of my being involved with Intervention Services in Alberta which indicates that I might have caused a child to need intervention.			
Organization	Type of Position	Organization	Type of Position
Medicine Hat College	Student		
<input type="checkbox"/> I am applying for a residential licence or to work in a Child and Youth Facility as defined in the <i>Child, Youth and Family Enhancement Act</i> . I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the last five years I have resided in Alberta and <input type="text"/> <i>(name of any other province, jurisdiction or country if applicable)</i>			
<input type="checkbox"/> I reside with someone who is applying to provide care to a child who is in the care or custody of a Director as defined in the <i>Child, Youth and Family Enhancement Act</i> . I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the last five years I have resided in Alberta and <input type="text"/> <i>(name of any other province, jurisdiction or country if applicable)</i>			
<input type="checkbox"/> I am planning to become a <input type="text" value="choose one"/> to a child. I want to know about any record of my being involved with intervention services which indicates that I might have caused a child to need intervention. In the past five years I have resided in Alberta and <input type="text"/> <i>(name of any other province, jurisdiction or country if applicable)</i>			
<input type="checkbox"/> I had a previous Intervention Record Check completed <input type="text"/> Date (mm-dd-yyyy)			

- Select Checkbox at the bottom of page one. Type your name and enter the date

<input type="checkbox"/> I had a previous Intervention Record Check completed <input type="text"/> Date (mm-dd-yyyy)	
<input checked="" type="checkbox"/> I, <input type="text" value="Jane Doe"/> hereby consent to having an Intervention Record Check completed in Alberta and any other province that I have listed above.	<input type="text" value="10/12/2023"/> Date (mm-dd-yyyy)

- **Page 2** is for Office Use Only – leave this entire page blank
- Once you have completed the form, please **submit** it to the jurisdiction in your area, along with **2 pieces of ID**.
- **Calgary region** Email: [cs.irccalgary@gov.ab.ca](mailto:cs.irccalgary@gov.ab.ca)
- **Central region** Email: [cs.irccentral@gov.ab.ca](mailto:cs.irccentral@gov.ab.ca)
- **Edmonton region** Email: [cs.ircedmonton@gov.ab.ca](mailto:cs.ircedmonton@gov.ab.ca)
- **North region** Email: [cs.ircnorth@gov.ab.ca](mailto:cs.ircnorth@gov.ab.ca)
- **South region** Email: [cs.ircsouth@gov.ab.ca](mailto:cs.ircsouth@gov.ab.ca)
- Examples of accepted forms of ID: driver’s license, AB identification card, Treaty status card, AHC, firearms license, birth certificate, passport. Do not send a copy of your Social Insurance Number.
- It can take 30+ days to receive the results of your application