



TOTAL SECURITY MANAGEMENT SERVICES INC. (TSM) STUDENT APPLICATION AND PAYMENT FORM

INSTRUCTION SHEET

Please read the following instructions carefully to ensure your request is processed quickly and efficiently. Incomplete or inaccurate information may cause delays in responding to your request and potential loss of time on site at the assigned facility. All applicants must be over the age of 18 to access Criminal Records through Total Security Management Services Inc.

Step 1 – Complete the “REQUEST FOR CRIMINAL RECORD CHECK” (Page 2).

This sheet is mandatory to initiate the process and payment for your Vulnerable Sector & Criminal Record Check.

SECTION 1 – STUDENT INFORMATION

Please complete in black ink. It is important to include your full name and date of birth. This section requires your Student information in order to ensure that your Vulnerable Sector & Criminal Record Report is returned to you directly in an efficient manner.

All results will be delivered directly to the email address indicated within 2 business days from receipt.

Please note that missing or incorrect information will result in delays.

SECTION 2 – PAYMENT INFORMATION

Provide all required information in this section for method of payment.

1. Cheque Payments Please note that Certified Cheques will require more time to process and should be made payable to “Total Security Management Services Inc.” All requests with Cheque Payment must be delivered to **Total Security Management, 1200 Eglinton Ave E Suite 600, Toronto, ON** accompanied by all documents attached to these instructions.

(Drop off hours are between 10:30AM-2:30PM EST, Monday to Friday). It is important to note that your report will be processed the following day, with your final report sent to the provided email address.

2. Credit Card Payments : In the event that your credit card transaction is declined, you will be requested to provide a certified cheque and complete the instructions mentioned above.

All requests will be processed upon acceptance of payment

SECTION 3 – PROCESSING INFORMATION

Fax the completed and signed Application & Payment Form, Consent Form, and 2 copies of Photo ID. (Please see the “Application & Payment Form” for acceptable forms of Photo ID.) Date your fax submission at the lower left corner of this sheet.

Step 2 – Complete the “CONSENT FORM” (Page 3).

This is the document that permits TSM to access your Criminal Records. TSM is a contracted agency with a local police service in Ontario and will provide a detailed report of all convictions where a pardon has not been received for offences all across Canada. It is very important to include all necessary information to prevent inaccurate results.

Please note that there are two areas that require your signature. **First signature** is your consent to access Criminal Records and the **second signature** (located at the bottom of the Consent Form) is consent and acknowledgement to access the Vulnerable Sector Search. Be sure to read this carefully to prevent any confusion for unexpected results and sign both sections indicated.

Your identification must be presented to your Institution Placement Representative prior to submitting your consent form and signed by that representative.



REQUEST FOR CRIMINAL RECORD CHECK

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

Section 1 - STUDENT INFORMATION				
Student ID #:		Year of Study		
First Name	Last Name	Date of Birth		
		YY	MM	DD
Email Address				
Student ID#:	Program Name:			

Section 2 - PAYMENT INFORMATION				
			Amount :	\$31.50 (CDN)
All certified cheques are to be made payable to <u>Total Security Management Services Inc.</u> and must be submitted directly to the Total Security Management Office.				
Card #:		Expiry Date	MM	YY
Name on Card:				
Signature:		Date:		

Section 3 - PROCESSING INFORMATION		
Fax to:	TOTAL SECURITY MANAGEMENT SERVICES INC.	Note: you must include the Consent Form with this fax.
Fax Number	(416) 412 - 2765	
Date Faxed:		
Acceptable ID's	1 piece of GOVERNMENT ISSUED PHOTO ID, and 1 other piece of identification. Acceptable IDs include: Birth Certificate, Baptismal Certificate, Hunting Licence, Fishing Licence, Outdoors Card, Hospital Licence, Canadian Blood Donor Card, Immigration Papers, Student Card.	



CONSENT TO DISCLOSURE OF PERSONAL INFORMATION (Please Print clearly in BLACK ink)

Surname (Provide previous name(s) if applicable)			First Name	Middle Name
Maiden Name or Other Surnames Used (if applicable):			Place of Birth	
Date of Birth (YY-MM-DD)	Sex	Phone #	Driver's Licence Number	

ADDRESS				
Number	Street	Apt/Unit	City/Province/Country	Postal Code

Provide previous addresses if you did not reside at the above address for more than five years

Number	Street	Apt/Unit	City/Province/Country	Postal Code
Number	Street	Apt/Unit	City/Province/Country	Postal Code

Note: Information is Collected and Disclosed According to Section 29(1) & 32 of the MFIPPA

<p>SEARCH AUTHORIZATION:</p> <p>I HEREBY CONSENT TO THE SEARCH OF:</p> <p>A. Criminal Record (Adult) <input type="checkbox"/></p> <p>B. Vulnerable Sector Search <input type="checkbox"/></p> <p>RELEASE AUTHORIZATION AND WAIVER</p> <p>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 a Criminal Record or any Criminal Information to Total Security Management and its partners.</p> <p>I hereby release and forever discharge all members and employees of the Police Service 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 Police Service to Total Security Management and its partners.</p>	<p>Signed this _____ day of _____, 20</p> <p>_____</p> <p align="center">(Signature of Applicant)</p> <p>Please also sign in the vulnerable search section at the bottom of the page.</p>
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Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.

IN ORDER TO PROCESS YOUR REQUEST PROMPTLY, THE FOLLOWING INFORMATION <u>MUST</u> BE COMPLETED BY AN <u>AUTHORIZED REPRESENTATIVE</u> OF THE ORGANIZATION	
City Adult Learning Centre (CALC) _____	
Signature of Representative Witnessing Applicant's ID _____	ID Presented (DL, SIN, Passport, etc.) _____

VULNERABLE SECTOR SEARCH: To be completed if the applicant is 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 one of authority or trust, or one where limited supervision exists, relative to those vulnerable individuals, 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.

I ALSO CONSENT TO A SEARCH BEING MADE THROUGH THE CANADIAN POLICE INFORMATION CENTRE TO DETERMINE 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 ABOVE-NAMED SCHEDULE IN RESPECT OF WHICH A PARDON WAS GRANTED OR ISSUED, THE SAID RECORD **MAY** BE PROVIDED BY THE COMMISSIONER OF THE RCMP TO THE SOLICITOR-GENERAL OF CANADA, WHO **MAY** THEN DISCLOSE ALL OR PART OF THE INFORMATION CONTAINED IN THAT RECORD TO THE PROCESSING POLICE SERVICE WHO WILL THEN DISCLOSE THAT INFORMATION TO ME.

SIGNATURE OF APPLICANT: _____

(for Vulnerable Sector Searches only)