

Completing an Intervention Record Check (IRC) Form

Please read the following instructions carefully before completing the form.

IMPORTANT:

- Processing time for an IRC request is up to 30 business days (6 weeks) and will depend on the volume of requests. Please allow for this amount of time when submitting your request.
- If you are adopting through a private adoption agency, please contact the adoption agency for their appropriate form.
- You will require **Adobe Acrobat Reader** on your device to complete the IRC form. This form **may** have issues if completed on a MAC, Chromebook, or iPhone/Smartphone.
- **Do not** print or photograph the IRC form – this digital format allows for the full IRC process to be completed electronically.
- **Do not** forward the form through a web link. I.e. Adobe Acrobat- message@adobe. Google Docs, etc/
- **Do not** change the form to a Word document.
- Please ensure you 'save as' and reattach the completed form to the email you will submit your request with. Adding your initials to the document name prior to saving to your desktop or a personal folder will make your completed IRC easier to locate and attach.

1. Complete the attached digital Intervention Record Check (IRC) Form (CS2687)

- **Enter all your personal information** – name, complete address, aliases, children, DOBs, etc
If Postal Code Field prevents entering – add to either address or city field.
- **List the organization & type of position** you are applying for (in section 2) – even if you are “residing in the home” of a care provider and/or applying for a residential license and/or work in a Child and Youth Facility. *I.e. School's Name & Volunteering or Agency/Employers Name & Position*
- **Type your name and date at the bottom of sections 1 & 2** - to verify the information you provided is correct and to consent having the check completed.
- **Do not sign sections 3 or 4**, as they are for “Office Use Only”.
- Please include all three pages of the IRC form.
- *Please do not attach the form as a picture, app, or web link, as we are unable to open them.*

2. Attach copies of two (2) pieces of current government issued identification (ID)

(In the same email as the completed IRC form)

- **One must be a photo ID** – eg Driver's License, AB Identification Card, Treaty Status Card, Firearms License, or Passport.
- **The second one can be** Alberta Health Services (AHS) Card, Birth Certificate, Study Permit etc.
- **Unaccepted forms of ID include** a Social Insurance Card, School/Work ID, or expired identification.
- Make sure the copies are legible. *I.e. Copies of ID are not too blurry to read.*
- *Please no heic files, apps, or web links as we are unable to open them.*

3. Email your completed IRC form (along with two pieces of ID) to: CFS.IRCCentral@gov.ab.ca

PLEASE NOTE:

- Incomplete forms will be returned to the applicant for correction, creating delays in processing.

Intervention Record Check

The information you provide on this form is collected under the authority of the *Child, Youth and Family Enhancement Act* and managed in compliance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to search for an intervention record about you. We will not release this information for any other purpose. We will not release this information to anyone but you. You will need to provide a photo or scanned copy of your identification for verification purpose only. The copy of your identification will be deleted once the check is completed. If you have any questions about the collection of this information, you may ask the staff member who completed this form for you.

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>				
My address is: <i>(mailing address)</i> <i>city</i> <i>province</i> AB				
Postal Code	Phone (Residence)	Phone (Work)	Gender Choose one.	Birthdate (<i>mm-dd-yyyy</i>)
Email Address				
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). (<i>if now an adult, provide full name when a child</i>)				
Child's Surname	Child's First Name	Child's Middle Name	Child's Gender	Birthdate (<i>mm-dd-yyyy</i>)
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
			Choose one.	
<input type="checkbox"/> By clicking this box I, _____, state that the information in this form is true to the best of my knowledge as of today.			Date (<i>mm-dd-yyyy</i>)	

2 Request for an Intervention Record Check			
<input 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 Ecole Steffie Woima Elementary	Type of Position Volunteer	Organization	Type of Position
<input type="checkbox"/> I am applying for a residential facility 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 _____ (<i>name of any other province, territory, 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 _____ (<i>name of any other province, territory, jurisdiction or country if applicable</i>)			
<input type="checkbox"/> I am planning to become a <i>choose one</i> _____ 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 _____ (<i>name of any other province, territory, jurisdiction or country if applicable</i>)			
<input type="checkbox"/> I had a previous Intervention Record Check completed _____ Date (<i>mm-dd-yyyy</i>)			
<input type="checkbox"/> I, _____, hereby consent to having an Intervention Record Check completed in Alberta and any other province, territory, jurisdiction or country that I have listed above.			Date (<i>mm-dd-yyyy</i>)

Intervention Record Check

3	For Office Use Only		
Using the names and birthdates you supplied:			
<input type="checkbox"/> As of today, I can find no Intervention Services record in Alberta indicating that you might have caused a child to need intervention.			
<input type="checkbox"/> As of today, I can find no Intervention Services record in Alberta or any other province, territory, jurisdiction or country listed above indicating that you might have caused a child to need intervention.			
<input type="checkbox"/> There is an Intervention Services record in Alberta indicating that you might have caused a child to need intervention.			
<input type="checkbox"/> There is an Intervention Services record in <u>Type province, territory, jurisdiction or country if applicable.</u> , indicating that you might have caused a child to need intervention. Below is a summary of your involvement up to today.			
4	Summary of Involvement		
Enter Summary of Involvement			
Name of Person who completed Intervention Record Check			
Name of Worksite			
Worksite Address			
City		Province AB	Postal Code
			Office Phone Number
<input type="checkbox"/> The photo or scanned copy of the identification of the applicant has been deleted.			
<input type="checkbox"/> By clicking this box I, <u>Type in name of person who completed Intervention Record Check</u> , state that the results of record check in this form is true to the best of my knowledge.			
Date (mm-dd-yyyy)		Signature	