



Screening Disclosure Form

NAME: _____
First Middle Last

OTHER NAMES YOU HAVE USED: _____

CURRENT PERMANENT ADDRESS:

Street City Province Postal

DATE OF BIRTH: _____ **GENDER IDENTITY:** _____
Month/Day/Year Gender with which you identify

EMAIL: _____

Note: Failure to disclose a conviction/sanction for which a pardon has not been granted may be considered an intentional omission and subject to failure of screening requirements.

1. **Have you ever been convicted of a crime for which a pardon has not been granted, including possession or trafficking of an illegal substance?** Yes _____ No _____ If yes, please describe below for each conviction:

Name or Type of Offense: _____

Name and Jurisdiction of Court/Tribunal: _____

Year Convicted: _____

Penalty or Punishment Imposed: _____

Further Explanation: _____

2. **Are criminal charges or any other sanctions, including those from a sport body, private tribunal or government agency, currently pending or threatened against you?** Yes _____ No _____ If yes, please explain for each pending charge:

Name or Type of Offense: _____

Name and Jurisdiction of Court/Tribunal: _____

Further Explanation: _____

3. **Has any civil court made a finding, judgment or ruling against you, or have you entered into an out of court settlement relevant to the sport of soccer or any other sport?** Yes _____ No _____ If yes, please describe each finding, judgment or ruling below:

Civil Court Finding: _____ Out of Court Settlement: _____

Type of Offense or Finding: _____

Year of Offense or Settlement: _____

Penalty or Punishment Imposed: _____

Further Explanation: _____

4. **Have you ever been dismissed from a position due to allegations of ethical or moral misconduct?** Yes _____ No _____ If yes, please describe below:

Name of applicable Organization: _____

Date of Dismissal: _____

Reason for Dismissal: _____

Most Recent Organization:

I hereby grant the Organization with whom I am applying for employment/to volunteer to contact my direct supervisor at the most recent organization with whom I have worked/volunteered and grant that individual permission to release information on my interactions with children.

Name of Organization: _____

Name and Position of Direct Supervisor: _____

Phone Number of Direct Supervisor: _____

Certification

I hereby certify that the information contained in this application is accurate, correct, truthful and complete.

I further certify that I will immediately inform the Organization of any changes in circumstances that would alter my original responses to this Screening Disclosure Form. Failure to do so may result in termination and/or further discipline.

I have read and agree to all of Basketball Nova Scotia's policies and procedures.

Signature: _____ Date: _____

PRIVACY STATEMENT

By completing and submitting this Screening Disclosure Form, you consent and authorize the organization to collect and use your personal information, including all information provided on the Screening Disclosure Form, Enhanced Police Information Check, and/or Vulnerable Sector Check and Child Abuse Registry check for the purposes of screening. Basketball Nova Scotia and its members and affiliated organizations does not distribute personal information for any reason.