

**Screening Disclosure Form**

**NAME:** ­­­­­­­­­­­­­­­

First Middle Last

**OTHER NAMES YOU HAVE USED:**

**CURRENT PERMANENT ADDRESS:**

Street/Unit # City Province Postal

**DATE OF BIRTH:**

Month/Day/Year

**GENDER IDENTITY:**

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:

1. **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:

1. **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 basketball 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:

1. **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.

**Signature:**

**Date:**

Month Day Year

**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.***