

APPLICATION AND CONSENT FORM

Fax completed application and consent form to 1-877-494-3222 or apply online at www.cachwr.bc.ca.

Care aides and community health workers are an important group of employees within B.C.'s health care system. The Ministry of Health Services ("the ministry") created the *BC Care Aide & Community Health Worker Registry* ("the registry") to increase support for B.C. care aides and community health workers and to create safeguards for vulnerable British Columbians receiving care. Registration is a requirement for all care aides and community health workers in the province. Further information can be obtained at www.cachwr.bc.ca.

Under agreements with the ministry and between health authorities and service providers, all publicly-funded health care providers who employ care aides and/or community health workers are required to employ only individuals who are registered with the registry. There is no charge to the individual worker for registration. The registry is responsible for maintaining the registration of all care aides and community health workers working for publicly-funded health-care employers in British Columbia.

In order to fulfill its mandate, and with the consent of the applicant, the Registry collects, uses and discloses an applicant's personal information for: the purpose of registration, or a use consistent with the purpose of maintenance of registration; and/or suspension of registration; and/or reinstatement of registration. In the event of suspension from the registry the employee's report relating to the suspension will not be maintained by the registry if the individual has been reinstated.

The registry is committed to protecting an applicant's privacy and has put in place security measures to ensure that all personal information provided by applicants is protected from unauthorized access, use, disclosure or disposal.

Consent: I, _____ (print full name), consent to have the registry collect, use and disclose my personal information for the purposes identified on this application and consent form.

For the purposes of the registry, personal information is limited to the name of the individual, work location, the contact information below and registration status. Status shall be limited to whether the individual is registered, not registered pending investigation, or not registered. I consent to the collection and use of my personal information, as defined herein, by the registry for registration, renewal and maintenance purposes. I agree that the registry may disclose my registration status to current and prospective publicly-funded employers.

Signature of the Applicant: _____ Date: _____

Contact Information – Please Print:

First Name: _____ Last Name: _____

Home Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Current Employer/Company Name: _____

Job Title: _____ Employee #: _____

If not currently employed, you will need to supply proof of your certificate of completion of a recognized training program for care aides and/or community health workers in B.C. or equivalent. Please go to the website for more information www.cachwr.bc.ca.



**BC Care Aide &
Community Health
Worker Registry**

If you wish to contact us:
BC Care Aide & Community Health Worker Registry
Suite 200 – 1333 West Broadway, Vancouver, B.C. V6H 4C6
Toll free: 1-877-867-3061 or E-mail: register@cachwr.bc.ca or Website: www.cachwr.bc.ca