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|  <p>BC Health Care Assistants</p> | <p>Health Match BC Renfrew Centre 300 - 2889 East 12th Avenue Vancouver, BC , V5M 4T5</p> | <p>Toll Free Phone: 1-833-725-1716 Direct Phone: 604-714-2249 Email: applications@choose2care.ca</p> |
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HCAP Pre-Requisite Stipend – Second Criminal Record Check (CRC) Confirmation Form

Re: Health Care Support Worker _____ (insert applicant’s name)

The above-named individual has been selected to participate in the Health Career Access Program (HCAP) and has been offered employment as a Health Care Support Worker (HCSW). This individual has submitted an application for the [HCAP Pre-Requisite Stipend](#) to assist with the costs related to the HCAP application.

A **second** criminal record check may be requested by some Post-Secondary Institutes for approval to do practicum training. To be eligible to be reimbursed for a **second** criminal record check, applicants must provide proof that an original criminal record check has been completed and the second criminal record check receipt.

This form is required and must be completed by the applicant’s employer confirming that an original criminal record check has been completed.

Once completed, the Employer must email this form directly to the Choose2Care team at:
applications@choose2care.ca

Name and Address of Employer: _____

I _____ (***Full Name**), confirm that the above named individual was required to complete a Criminal Record Check.

Employer Signature: _____ Date: _____

Verification of Signature: I attest that my typed name in the signature line above is equivalent to my legal signature.

Phone: _____ Email: _____