



Personal information contained on this form is collected pursuant to the *Police Record Checks Reform Act, Police Services Act, s.41* and Federal and Provincial privacy legislation and is collected for the purpose of processing this Vulnerable Sector Check. Information related to this check will be retained for two years. Questions concerning this collection should be directed to OPP Online Record Check Unit. This check is to be used by applicants seeking a paid or volunteer position with vulnerable persons. "Vulnerable person" means a person who, because of their age, a disability or other circumstances, whether temporary or permanent, are: (a) in a position of dependence on others; or (b) are otherwise at a greater risk than the general population of being harmed by a person in a position of authority or trust relative to them, pursuant to the *Criminal Records Act*.

**This check will include the following information as it exists on the date of the search:**

- RCMP National Repository of Criminal Records, including the Pardoned Sex Offender Database – Pardoned criminal convictions as per the Schedule of the *Criminal Records Act*, including non sex offences, identified as a result of a Vulnerable Sector Verification search and authorized for release by the Minister of Public Safety and Emergency Preparedness
- Canadian Police Information Centre (CPIC) (Intelligence and Investigative Databanks)
- Outstanding entries, such as charges and warrants, judicial orders, Peace Bonds, Probation and Prohibition orders
- Absolute and Conditional Discharges (1-3 years) from local police databases
- Summary convictions for 5 years
- Criminal charges resulting in dispositions and non-conviction including, but not limited to: Stayed, Withdrawn, Dismissed, Not Guilty, and cases of not criminally responsible by reason of mental disorder as listed on local police indices in accordance with federal and provincial legislation
- Non-conviction information in accordance with provincial legislation

**Applicant information**

Last Name *		First Name *	
Heyblom		Margaret	
Middle Names		Gender	
		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other (specify) ▶	
Maiden Name or other Last Names used		Name commonly used or other First Names	
Fehr		Margaret, Marg	
Address Unit Number	Street Number *	Street Name *	PO Box
	7446	Gore Road	
City/Town *		Province/State *	Postal/ZIP Code *
Puslinch		Ontario	N0B2J0
Date of Birth (yyyy/mm/dd) *	Country of Birth *	Telephone *	Email Address *
1971/12/28	Canada		margaretheyblom@gmail.com

**Addresses for the Last Five (5) Years (if different from above)**

Unit Number	Street Number	Street Name	PO Box	From (mm/yy)
45		Montcalm Drive		2011/01
City/Town		Province/State	Postal/ZIP Code	To (mm/yy)
Hamilton		Ontario	L9C4B2	2018/10
Unit Number	Street Number	Street Name	PO Box	From (mm/yy)
B	509	Lawrence Street		2010/07
City/Town		Province/State	Postal/ZIP Code	To (mm/yy)
Winchester		Ontario	K0C2K0	2011/01
Unit Number	Street Number	Street Name	PO Box	From (mm/yy)
	19296	County Road 24		2009/06
City/Town		Province/State	Postal/ZIP Code	To (mm/yy)
Dunvagen		Ontario	K0C1J0	2010/07
Unit Number	Street Number	Street Name	PO Box	From (mm/yy)
City/Town		Province/State	Postal/ZIP Code	To (mm/yy)
Unit Number	Street Number	Street Name	PO Box	From (mm/yy)
City/Town		Province/State	Postal/ZIP Code	To (mm/yy)

**Purpose of the Record Check**

I am an applicant for a  **paid** OR  **volunteer** \* position with a person or organization responsible for the well-being of one or more children or vulnerable persons.  Agency/organization stamp affixed or letter attached

Title of employment/volunteer position

The New Mummy Company - Perinatal Support Worker/Newborn Care Specialist

Description and details regarding the responsibilities towards children or vulnerable person(s) \*

Providing care to new mothers and their infants. Providing helpful information to pregnant and postpartum mothers.

**Identification**

<input checked="" type="checkbox"/> Identity of applicant has been verified	Name of Organization/Agency Verified by Electronic Identification Verification	
Telephone	Signature of Organization/Agency Witness Verified by Electronic Identif	Date (yyyy/mm/dd) 2025/08/18 16:30