

Personal History Report – Individual Form 2A

Date Stamp	Received by
	Applicant No.

All officers and directors and all individuals with a controlling interest must complete and sign this form. This includes sole proprietors, each partner and all officers and directors of a corporation. **The RHRA accepts original documents and signatures only. Faxed or electronic documents will not be accepted.**

Associated Applicant Information

Name of Retirement Home applying for a licence (as noted on Form 1)

Retirement Home Address (physical address of the home)

Unit Number/Street Name

City, Town or Village

Province

Postal Code

Associated Individual Information

Last Name

First Name and Initial

Mr./Mrs./Ms/Dr.

Home Address

Street Number:

Street Name (P.O. Box and RR#, if applicable):

Unit #

City, Town or Village

Province

Postal Code

Home Phone Number

Fax Number

Email Address

Association with the Applicant

What is your association with the Applicant? (e.g. owner, partner, officer, director, majority shareholder, manager)
If you hold more than one office with the Applicant, list all roles.

Will you be involved in day to day operations of the home? Yes No

If yes, what is your role?

Licences/Registration Certificates

If you answer “yes” to any of the following questions, attach a separate sheet and provide details, including dates, descriptions and outcomes. **Failure to disclose any information or providing false information may result in refusal to issue a licence.**

Have you, or any business entity in which you hold or have held an ownership interest or serve or have served as officer or director, ever had any type of licence or registration certificate refused, denied or revoked in any jurisdiction? Yes No

Have you ever had a professional or occupational licence or certification refused, denied or revoked? Yes No

Have you ever owned, operated or managed a long-term care home(s) in Ontario or outside of Ontario for which a licence has been revoked or been subject to revocation proceedings? Yes No

Orders and Offences

If you answer “yes” to any of the following questions, attach a separate sheet and provide details, including dates, descriptions and outcomes. **Failure to disclose any information or providing false information may result in refusal to issue a licence.**

Have you ever been charged with an offence under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada)? Yes No

Have you ever been convicted of an offence under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada)? Yes No

Has a judge or justice of the peace ever made an order against you in respect of an offence under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada), including a peace bond, probation order, prohibition order, or warrant? Yes No

Has a restraining order ever been made against you under the *Family Law Act* or the *Children’s Law Reform Act*? Yes No

Notification

The RHRA is collecting and using the information on this form pursuant to the *Retirement Homes Act, 2010* (the “Act”), including its regulations. The RHRA is collecting the information to determine eligibility for a retirement home licence and to assist the RHRA in administering the Act.

Consent

I consent to the RHRA collecting such additional information about me as may be necessary for the RHRA to verify the information contained on the application. In addition, I consent to the collection, use and disclosure of personal information for purposes that include, but are not limited to, processing the application, determining eligibility for a licence, and administering the Act and its regulations, including any amendments or successor legislation. I further consent to the sharing of any information gathered in the course of processing this application with others as the RHRA may consider necessary in the course of determining qualification for a licence or to ensure compliance with the Act.

I declare that all information provided on this form is true and complete.

Print Name _____

Signature _____

Date _____