



# Personal Information Form

## Reliability for Access for FOREIGN VISITORS

**PART A – TO BE COMPLETED BY VISITOR**

Surname <b>CHEEVER</b>	Full given names (no initials) <b>BETH MARIE</b>
Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth (YYYY – MM – DD) <b>1980-08-08</b>
Country of Origin including address <b>3421 Prices Fork Rd Blacksburg VA 24060 UNITED STATES</b>	Address while in Canada <b>930 KELLY Blvd BRIDGE NORTH ONTARIO K0L 1H0</b>
Phone Number <b>(603) 377-0118</b>	Email <b>bethcheever@trentu.ca</b>
Name of originating institution (Company, University, etc.): <b>TRENT UNIVERSITY</b>	Name and title of responsible manager at institution of origin: <b>PAUL FROST / MAGGIE YEN D'POLULOS</b>

**PART B – DECLARATION (VISITOR)**

I the undersigned understand and agree with all the information above and that all the documents submitted with this application are authentic.

**Beth M. Cheever**  
Visitor's Signature

**2013-05-24**  
YYYY - MM - DD

**PART C – TO BE COMPLETED BY PROGRAM MANAGER**

Name of DFO facility or vessel visited <b>Experimental Lakes Area</b>	Name of DFO Program <b>Environmental Science</b>
DFO manager responsible for program <b>Susam Cosens</b>	Phone number <b>(204) 983-8838</b>
Date of Visit  From : <b>2013-05-28</b> To : <b>2013-06-30</b> YYYY - MM - DD                          YYYY - MM - DD	Purpose of Visit <b>Visiting Researcher</b>
Will the visitor be using/transporting radioisotopes during visit on DFO facilities?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will the visitor require access to DFO Corporate Networks during visit on DFO facilities?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please contact the DFO National Radiation Safety Officer (613) 990-3587	If yes, please contact the DFO Corporate IT Security Coordinator (613) 993-8318

**PART D – REQUIRED DOCUMENTATION**

- Letter of good conduct from national police authorities
- Visa (Copy) – if applicable
- Passport (Copy)
- Letter of reference from sponsoring institution (Company, University, etc.)

**PART E – DECLARATION (PROGRAM MANAGER)**

I the undersigned, understand and agree with all the information above and that all the documents submitted with this application are authentic to the best of my knowledge.

Program Manager's Signature

YYYY - MM - DD

Office Address: <b>200 Kent Street Ottawa, ON, K1A 0E6</b>	Faximile
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## Corporate Security Briefing Certificate Reliability for Access for FOREIGN VISITORS

### PART A – TO BE COMPLETED BY DFO PROGRAM MANAGER

Surname <b>CHEEVER</b>	Full given names (no initials) <b>BETH MARIE</b>
Country of Origin <b>UNITED STATES</b>	Date of Birth <b>1980-08-08</b>
Date of Visit From: <b>2013-05-25</b> YYYY-MM-DD To: <b>2013-06-30</b> YYYY-MM-DD	Access required while visiting Department (facility and/or vessels) <b>Facility = Experimental Lakes Area</b>

### PART B – BRIEFING SUMMARY AND RESTRICTIONS

If a Visitor fails to safeguard, releases without appropriate authority or uses information/assets for unauthorized purposes, such action may constitute a contravention of the *Security of Information Act*, the *Access to Information Act*, the *Privacy Act* or other Acts of Parliament, or a breach of the Government Security Policy (GSP).

These provisions apply both during and after the above noted visit. Specific safeguards are identified in the GSP and associated Standards and in corresponding departmental or organizational policies and guidelines which apply to classified and protected information/assets. These safeguards must be applied.

RESTRICTIONS	Manager Initials	Visitor Initials
<b>The visitor will only be given the access required to perform their authorized work as defined in the agreement.</b>		<b>BMC</b>
<b>No access to classified information, Cryptographic Controlled Items (CCI) or the areas where these items are stored.</b>		<b>BMC</b>
<b>Reliability for DFO access is not transferable and is valid only for the visit noted above.</b>		<b>BMC</b>
<b>Silent hour access to DFO facilities is restricted.</b>		<b>BMC</b>
<b>Managers must brief DFO personnel working with the Visiting Foreign National of the security restrictions.</b>		<b>BMC</b>

### PART C – ACKNOWLEDGMENT BY VISITOR

I understand and agree to comply with the above briefing summary and restrictions.

*Beth M. Cheever*

Visitor's Signature

*2013-05-24*

YYYY - MM - DD

### PART D – BRIEFING OFFICIAL (PROGRAM MANAGER OR HIS/HER REPRESENTATIVE)

Name and initials	Phone Number ( ) -
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I have briefed the above mentioned visitor.

\_\_\_\_\_  
Program Manager's Signature

YYYY - MM - DD

### PART E – SECURITY OFFICIAL (NATIONAL HEADQUARTERS)

Name and title of authorized security official (National Headquarters)	Phone Number ( ) -
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As the security official, I certify that the Reliability for Access has been granted.

\_\_\_\_\_  
Security Official (HQ) Signature

YYYY - MM - DD

Office Address: 200 Kent Street Ottawa, ON, K1A 0E6	Facsimile: (613) 998-1493
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**PERSONNEL SCREENING,  
CONSENT AND AUTHORIZATION FORM**

OFFICE USE ONLY		
Reference number	Department/Organization number	File number

NOTE: For Privacy Act Statement refer to Section C of this form and for completion instructions refer to attached instructions.

Please typewrite or print in block letters.

**A ADMINISTRATIVE INFORMATION** (To be completed by the Authorized Departmental/Agency/Organizational Official)

New  Update  Upgrade  Transfer  Supplemental  Re-activation

The requested level of reliability/security check(s)

Reliability Status  Level I (CONFIDENTIAL)  Level II (SECRET)  Level III (TOP SECRET)

Other \_\_\_\_\_

**PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT**

Indeterminate  Term  Contract  Industry  Other (specify secondment, assignment, etc.) **Visiting Researcher**

Justification for security screening requirement

**Requirement to work at the Experimental Lakes Area**

Position/Competition/Contract number	Title			Group/Level (Rank if applicable)
Employee ID number/PRI/Rank and Service number (if applicable)	If term or contract, indicate duration period ►		From	To
Name and address of department / organization / agency <b>DFO Science/ESD/Freshwater Inst.</b>	Name of official <b>Mark Lyng</b>		Telephone number <b>(204) 983-5203</b>	Facsimile number <b>(204) 984-2404</b>

**B BIOGRAPHICAL INFORMATION** (To be completed by the applicant)

Surname (Last name) <b>CHEEVER</b>	Full given names (no initials) underline or circle usual name used <b>BETH MARIE</b>			Family name at birth <b>VANDER-HEYDEN</b>
All other names used (i.e. Nickname)	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of birth Y M D 19800808	Country of birth <b>UNITED STATES</b>	Date of entry into Canada if born outside Canada Y M D 20112015113
RESIDENCE (provide addresses for the last five years, starting with the most current) Home address	Daytime telephone number <b>(603) 377-0118</b>		E-mail address <b>bethcheever@trentu.ca</b>	

1 Apartment number 1	Street number 930	Street name <b>KELLY BLVD</b>	Civic number (if applicable)	From Y M 20112005	To present
City <b>BRIDGENORTH</b>	Province or state <b>ONTARIO</b>	Postal code <b>K0L 1H0</b>	Country <b>CANADA</b>	Telephone number <b>(603) 377-0118</b>	
2 Apartment number 2	Street number 3	Street name <b>PRICES FOLK Rd</b>	Civic number (if applicable)	From Y M 201106201205	To Y M 2011201205
City <b>BLACKSBURG</b>	Province or state <b>VA</b>	Postal code <b>24060</b>	Country <b>USA</b>	Telephone number <b>(603) 377-0118</b>	

Have you previously completed a Government of Canada security screening form?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, give name of employer, level and year of screening.	Y M D 2011201205
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**CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)**

Have you ever been convicted of a criminal offence for which you have not been granted a pardon? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction) ▼		
Charge(s)	Name of police force		
Province/State	City		
	Date of conviction ► Y M D		



Surname and full given names

CHEEVER, BETH MARIE

Date of birth

Y      M      D  
1980 08 08

**C CONSENT AND VERIFICATION** (To be completed by the applicant and authorized Departmental/Agency/Organizational Official)

Checks Required (See Instructions)	Applicant's initials	Name of official (print)	Official's initials	Official's Telephone number
1. <input checked="" type="checkbox"/> Date of birth, address, education, professional qualifications, employment history, personal character references	BMC		( )	
2. <input checked="" type="checkbox"/> Criminal record check	BMC		( )	
3. <input type="checkbox"/> Credit check (financial assessment, including credit records check)			( )	
4. <input type="checkbox"/> Loyalty (security assessment only)				
5. <input type="checkbox"/> Other (specify, see instructions)			( )	

**The Privacy Act Statement**

The information on this form is required for the purpose of providing a security screening assessment. It is collected under the authority of subsection 7(1) of the *Financial Administration Act* and the *Government Security Policy* (GSP) of the Government of Canada, and is protected by the provisions of the *Privacy Act* in institutions that are covered by the *Privacy Act*. Its collection is mandatory. A refusal to provide information will lead to a review of whether the person is eligible to hold the position or perform the contract that is associated with this Personnel Screening Request. Depending on the level of security screening required, the information collected by the government institution may be disclosed to the Royal Canadian Mounted Police (RCMP) and the Canadian Security Intelligence Service (CSIS), which conduct the requisite checks and/or investigation in accordance with the GSP and to entities outside the federal government (e.g. credit bureaus). It is used to support decisions on individuals working or applying to work through appointment, assignment or contract, transfers or promotions. It may also be used in the context of updating, or reviewing for cause, the reliability status, security clearance or site access, all of which may lead to a re-assessment of the applicable type of security screening. Information collected by the government institution, and information gathered from the requisite checks and/or investigation, may be used to support decisions, which may lead to discipline and/or termination of employment or contractual agreements. The personal information collected is described in Standard PIB PSU 917 (Personnel Security Screening) which is used by all government agencies, except the Department of National Defence PIB DND/PPE 834 (Personnel Security Investigation File), RCMP PIB CMP PPU 065 (Security/Reliability Screening Records), CSIS PIB SIS PPE 815 (Employee Security), and PWGSC PIB PWGSC PPU 015 (Personnel Clearance and Reliability Records) used for Canadian Industry Personnel. Personal information related to security assessments is also described in the CSIS PIB SIS PPU 005 (Security Assessments/Advice).

I, the undersigned, do consent to the disclosure of the preceding information including my photograph for its subsequent verification and/or use in an investigation for the purpose of providing a security screening assessment. By consenting to the above, I acknowledge that the verification and/or use in an investigation of the preceding information may also occur when the reliability status, security clearance or site access are updated or otherwise reviewed for cause under the Government Security Policy. My consent will remain valid until I no longer require a reliability status, a security clearance or a site access clearance, my employment or contract is terminated, or until I otherwise revoke my consent, in writing, to the authorized security official.

  
Signature

2013/05/24  
Date (Y/M/D)

**D REVIEW** (To be completed by the authorized Departmental/Agency/Organizational Official responsible for ensuring the completion of sections A, B and C)

Name and title	Telephone number
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Address	Faximile number
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**E APPROVAL** (To be completed by authorized Departmental/Agency/Organizational Security Official only)

*I, the undersigned, as the authorized security official, do hereby approve the following level of screening.*

Reliability Status

Approved Reliability Status

Not approved

**PHOTO**  
(for Level III T.S.,  
and/or upon request  
- see instructions)

Name and title

Signature

Date (Y/M/D)

Security Clearance (if applicable)

Level I

Level II

Level III

Not recommended

Name and title

Signature

Date (Y/M/D)

Comments