

# Application for a Child Abuse Registry Self-Check (Mail)

Application pursuant to Section 19.3(4) of *The Child and Family Services Act* for access to the Child Abuse Registry



## Part 1 Consent to Collection & Disclosure of Information and Results

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I understand that the Director of Child and Family Services (the Director) is obtaining my personal information (including, if necessary for identification purposes, my Manitoba Health Reg. No.) described in Part 2 B so that the Director can conduct a Child Abuse Registry check on me. I understand that my personal information is being collected under the authority of subsection 37(1) of *The Freedom of Information and Protection of Privacy Act* and that my personal health information, if **any**, is being collected under the authority of subsection 14(1) of *The Personal Health Information Act*.

I understand that the Director will also use this information to update the Manitoba Child and Family Services Information System (CFSIS).

I understand that the results of the Child Abuse Registry check will disclose whether my name is listed on the Registry and that the Director will disclose the results described in Part 2 C to me.

I understand that the disclosure of the results of the check to me is authorized under Section 19 of *The Child and Family Services Act*.

I understand that the Director will release no other information without my written consent unless the Director is authorized or required to do so by law.

I understand that I may revoke this consent to the collection and disclosure of information and results by written statement at any time prior to the information being released under this consent.

I acknowledge that a photocopy of this signed consent is sufficient to allow for the disclosure of the information requested.

Consent below is limited to this application only and becomes effective on the date signed. This consent expires six months from the effective date.

I hereby consent to the collection of information in Part 2 B by the Director and the disclosure of the results of the check, described in Part 2 C, by the Director to me.

DATE: \_\_\_\_\_ SUBJECT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ WITNESS: \_\_\_\_\_  
(Commissioner for Oaths, or Notary Public, or professional) Designation

If you have any questions about the collection and disclosure of your personal information, you should contact the Child Abuse Registry at (204) 945-6967.

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## Part 2 Information and Results

### SECTION A – Access for SELF-CHECK

A-1 Subject's Mailing Label. Please print all information clearly.

Name		
Address	Apt. No.	
City	Province	Postal Code

If you are applying for an unpaid position to work with children, please make your application through the employer/agency as a fee exemption may apply.

NOTE: There is a **non-refundable** fee of \$10.00 per application. Please refer to Part 3 for fee payment details.

### SECTION B – SUBJECT'S INFORMATION (to be completed by the person being checked) (PLEASE PRINT CLEARLY)

B-1 Name: \_\_\_\_\_  
Surname Given Name Middle Name

Previous and Other Names:

a) Maiden Name: \_\_\_\_\_ b) Legal Name Change: \_\_\_\_\_

c) Also Known As: \_\_\_\_\_ d) Other Names Known by: \_\_\_\_\_

B-2 Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ B-3 Male  Female

B-4 Current Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

B-5 Previous addresses for a minimum of 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B-6 IDENTIFICATION: I have chosen and presented **two (2)** pieces of identification to a Commissioner for Oaths, a Notary Public, or a professional who has witnessed my signature and verified the photocopy of the identification attached to this application:

SIN No. \_\_\_\_\_ MHSC No. (6 digit) \_\_\_\_\_

Band and Status No. \_\_\_\_\_ Driver's Licence: \_\_\_\_\_

Passport or Birth Certificate No. \_\_\_\_\_ Other (please identify) \_\_\_\_\_

B-7 I hereby authorize the Director of Child and Family Services to search the Manitoba Child Abuse Registry to determine if my name is listed on the Registry. I hereby give my consent to the Director to release this information to me, in writing, upon completion of Section C below.

DATE: \_\_\_\_\_ SUBJECT'S SIGNATURE: \_\_\_\_\_

### SECTION C – MANITOBA CHILD ABUSE REGISTRY RESULTS (to be completed by the Director of Child and Family Services) Office Use Only

This is to certify that as of the date indicated in this section, the subject:

IS NOT listed on the Manitoba Child Abuse Registry

DATE: \_\_\_\_\_

IS LISTED on the Manitoba Child Abuse Registry

\_\_\_\_\_  
Director of Child and Family Services or Designate

Note: The name of a young offender (under 18) may not appear on the Child Abuse Registry due to the non-disclosure provisions of *The Young Offenders Act* or *The Youth Criminal Justice Act*.

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## Part 3 Fee Payment

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Subject's Name \_\_\_\_\_

Payment Method (Please check ✓ one box only and print all information clearly)

**VISA** Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Name as it Appears on Card \_\_\_\_\_  
Amount: \_\_\_\_\_ (Canadian funds)  
Authorization: \_\_\_\_\_  
Signature of Cardholder \_\_\_\_\_

**MASTERCARD** Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Name as it Appears on Card \_\_\_\_\_  
Amount: \_\_\_\_\_ (Canadian funds)  
Authorization: \_\_\_\_\_  
Signature of Cardholder \_\_\_\_\_

**CHEQUE** (*made payable to the Minister of Finance*)

**Note:** Post-dated cheques will not be accepted.

**MONEY ORDER** (*made payable to the Minister of Finance*)

**CASH** (**Note:** It is recommended that you **do not** send cash through the mail.)

Receipts will only be issued if requested at the time the Application is submitted.

Check ✓ if receipt is required

**All three parts of this Application must be forwarded to the Child Abuse Registry for a check to be completed.**

**FOR CHILD ABUSE REGISTRY USE ONLY**

**Date Received:** \_\_\_\_\_