Manitoba

Information for Individuals Applying for a Self-Check Mail Child Abuse Registry Check

Checklist

Please note: Failure to complete your application in full will result in your form being rejected and returned to you via mail for correction

Have you completed the following?

☐ I have completed all three (3) pages of the application.

☐ I have dated and signed Part 1 and Part 2 within the past six (6) months.

☐ My witness has dated and signed Part 1 within the past six (6) months.
- For more information regarding witness eligibility, please see the Information about the Witness section of the information package

☐ I have completed Part 2 of the application including my full name (section B-1) with no initials or omissions and I have indicated any previous or other names in the spaces provided.

☐ I have provided a photocopy of two (2) pieces of valid government-issued identification, one of which includes my name, date of birth, signature, photo and an expiry date.
- For more information regarding identification requirements, please see the Notice of Mandatory Identification Requirements section of the information package.

☐ My witness has verified the photocopied identification page and provided his or her contact information including a daytime phone number where they can be reached.
- **Important**: For more information regarding the photocopy verification process, please see the Information About the Witness and the Photocopied Identification section of the information package.

☐ I have indicated the number of applications required and identified my method of payment on Part 3 of the application.

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Notice of Mandatory Identification Requirements

Applicants must provide two valid pieces of government-issued identification (ID), one of which must include the applicant's name, date of birth, signature, photo and an expiry date.

Primary identification must include a photo and be one of the following:

- driver's licence
- passport
- Aboriginal status card
- identification card from a motor vehicle registry
- FAST card from Canada Border Services Agency
- permanent resident card
- other photo ID

Secondary identification can be one of the following:

- birth certificate
- social insurance number
- Manitoba health card
- citizenship card
- firearms licence
- immigration papers
- Department of National Defence card
- NEXUS card
- other secondary ID

If you are unable to meet the mandatory ID requirements, please contact the registry office.
We reserve the right to require further identification in order to confirm identity.

Information About the Witness and the Photocopied Identification Page

To have your application accepted it must be accompanied by a photocopy of two (2) pieces of identification that have been verified by a witness.

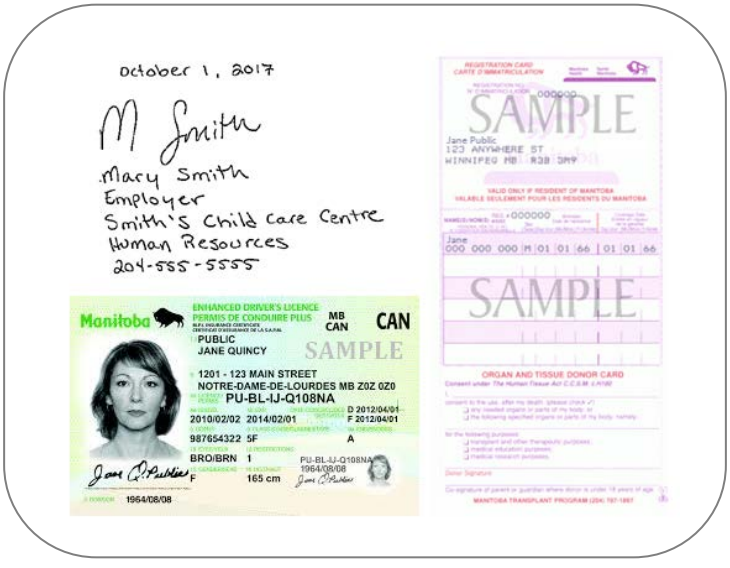
Your witness can be anyone over the age of 18 who is not a member of your family by blood, marriage, common-law relationship, adoption or guardianship. This includes your:

- Immediate family: parent, child, sibling and their spouse or partner.
- Extended family: grandparent, aunt, uncle, nephew, niece, cousins and their spouse or partner
- Your spouse's immediate or extended family and their spouse or partner

In order to verify your identification, the witness must:

1. Examine the original identification.
2. Ensure the original identification matches the photocopy.
3. Sign and date the photocopy page.
4. Provide his or her contact information (please print) including:
   - name
   - a daytime telephone number
   - relationship to the subject and
     - number of years known (personal witness) **or**
     - place of employment and job title (professional witness)

EXAMPLE



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

RESET

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) and the Intake Module (IM) (collectively known as CFSA).

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.

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

DATE: _____ SUBJECT'S SIGNATURE: _____

DATE: _____ WITNESS'S SIGNATURE: _____

Note: Please see the application instructions for information regarding witness eligibility and identification verification.

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 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

Please note: Applications cannot be mailed to a third party (no exceptions)

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

B-1 Name:_____
Last Name First Name Middle Name (no initials)

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 ☐ Other ☐

B-4 Current Address: _____ Telephone: (_____)_____

City/Province: _____ Postal Code: _____ Email (optional): _____

B-5 Historical address(es). Apart from your current address, list any addresses where you have lived in the past five years:

_____

_____

_____

B-6 **IDENTIFICATION:** To process your application, we require two valid pieces of government-issued identification. At least one must include your name, date of birth, signature, photo and an expiry date. A verified photocopy of the identification must be attached to this application.

Primary (photo) identification:
Type: _____
Identification Number: _____

Secondary identification:
Type: _____
Identification Number: _____

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

Subject's Name _____

Application Fees (All fees are non-refundable)

There is a $20.00 fee for your initial application.
Each additional application is $5.00 when requested at the time of submission

Initial Application	**1**	**@**	**$20.00**	**$ 20.00**
Additional Applications	____	**@**	**$5.00**	**$**

NOTICE: If you are applying for an unpaid position (ex: as a volunteer, student trainee or work placement), please contact the organization to determine if they have an employer application form as a fee exemption may apply.

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

I authorize the Child Abuse Registry to charge my credit card: $_____ (CAD)

☐ **VISA**
☐ **MASTERCARD**

|_____|_____|_____|_____| Credit Card Number

|____|____| Expiry Date

_____ Cardholder Name (print)

_____ Cardholder Signature

☐ **CHEQUE**
☐ **CERTIFIED CHEQUE**
☐ **MONEY ORDER**

} **Payable to the Minister of Finance**

Note: Post-dated cheques will not be accepted.
A $20.00 service fee will be charged on all returned cheques (NSF)

☐ **CASH** (We **do not** recommend sending cash through the mail)

☐ Check this box if a receipt is required

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