



Application for an Adult Abuse Registry Self-Check (Mail)

Application pursuant to Section 42 of *The Adult Abuse Registry Act* for access to the Adult Abuse Registry

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

Notice of Collection

The Registrar of the Adult Abuse Registry is obtaining your personal information (including, if necessary for identification purposes, your Manitoba Health Personal Health Identification Number) described in Part 2 B so that the Registrar can conduct an Adult Abuse Registry check on you. The Registrar will also use this information to update the Adult Abuse Registry. The Registrar is collecting your personal information under the authority of paragraphs 36(1)(a) and (b) of *The Freedom of Information and Protection of Privacy Act* and your personal health information, if any, under the authority of subsection 13(1) of *The Personal Health Information Act*. Please note that you have a right to examine and receive a copy of any personal health information about you maintained by the Adult Abuse Registrar and to authorize another person to examine and receive a copy of this information. For any questions you may have about this collection of your information, or to examine or receive a copy of your personal health information, you may contact:

**The Adult Abuse Registrar
Adult Abuse Registry Unit
2nd Floor – 777 Portage Avenue, Winnipeg, MB R3G 0N3
(204) 945-6967**

Consent

I understand that the results of the Adult Abuse Registry check will disclose whether my name is listed on the Registry and that the Registrar 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 42 of *The Adult Abuse Registry Act*.

I understand that the Registrar will release no other information without my written consent unless the Registrar 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 Registrar and the disclosure of the results of the check, described in Part 2 C, by the Registrar to me.

DATE: _____ SUBJECT'S SIGNATURE: _____

DATE: _____ WITNESS'S SIGNATURE: _____

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

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Part 2 Information and Results

SECTION A – Access by 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:

Secondary identification:

Type: _____

Type: _____

Identification Number: _____

Identification Number: _____

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

DATE: _____ SUBJECT'S SIGNATURE: _____

SECTION C – ADULT ABUSE REGISTRY RESULTS (to be completed by the Registrar of the Adult Abuse Registry)
Office Use Only

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

IS NOT listed on the Adult Abuse Registry ☐

DATE: _____

IS LISTED on the Adult Abuse Registry ☐

Registrar, Adult Abuse Registry or Designate

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

ADULT ABUSE REGISTRY

2nd Floor – 777 Portage Ave, Winnipeg, MB R3G 0N3 CANADA

Telephone: (204) 945-6967 Fax: (204) 948-3388

File: AAR - MAIL Rev. 08/19

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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 to work with specified adults as defined in The Adult Abuse Registry Act (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 Adult 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 Adult Abuse Registry for a check to be completed.