



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.

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*.

