



## 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) 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.



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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

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 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*.

CHILD ABUSE REGISTRY  
2<sup>nd</sup> Floor – 777 Portage Avenue, Winnipeg MB R3G 0N3, CANADA  
Telephone: (204) 945-6967 Fax: (204) 948-2222

File: CAR-MAIL SHORT – Rev 09/17

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