



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

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 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)

<input type="checkbox"/>	VISA	_____ _____ _____ _____	____ _ ____
<input type="checkbox"/>	MASTERCARD	Credit Card Number	Expiry Date

Cardholder Name (print)

Cardholder Signature

<input type="checkbox"/>	CHEQUE	} Payable to the Minister of Finance
<input type="checkbox"/>	CERTIFIED CHEQUE	
<input type="checkbox"/>	MONEY ORDER	

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.