Manitoba

Application for a Child Abuse Registry Check by Employers and Others

Application pursuant to Section 19.3(3.1) of *The Child and Family Services Act* for access to the Child Abuse Registry

Part 2 Information and Results

SECTION A – Access by EMPLOYERS AND OTHERS (to be completed by the Employer/Other)

A-1 **Applicant's Mailing Label. Please print all information clearly.**

Ms. Vicky M. Enns, Administrative Manager
Eastview Community Church
315 Maxwell King Drive
East St. Paul MB R2E 0P4

Vicky M. Enns	204-334-4675	Eastview Community Church
Contact Person	Telephone Number	Office / Program / School

A-2 **Purpose of Registry Check: (Please check at least one of the following)**

☐ To assess the Subject of this check:
- ☐ Whose work, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child
- ☐ Whose work, whether paid or unpaid, permits or may permit access to a child
- ☐ Who, on behalf of an agency or the holder of a foster home licence, works directly with foster children for 10 or more hours per week and who may have unsupervised access to foster children [M.R. 18/99 s. 18(1)(e)]

A-3 Position: ☐ Volunteer ☐ Paid Staff ☐ Other

Briefly describe position: _____

A-4 **Applicant Authorization:** **ACCESS CODE:** ***117-99***

_____ _____

Signature of Applicant staff who verified Subject's identification | Applicant's Signature (Executive Director or Supervisor)

NOTE: There is a **non-refundable** fee of $20.00 per application. Please refer to Part 3 for fee payment details.

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

B-1 Name: _____ _____ _____

Surname | Given Name | Middle Name

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 ☐

B-4 Current Address: _____ City: _____

Postal Code: _____ Telephone: (_____)_____

B-5 Previous addresses for a minimum of 5 years: _____

_____

_____

B-6 **IDENTIFICATION**: I have chosen and presented **two (2)** pieces of identification that have been verified by the Applicant in A-4:

SIN No. _____ MHSC No. (6 digit) _____

Band and Status No. _____ Driver's Licence: _____

Passport or Birth Certificate No. _____ Other (please identify) _____

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 for the release of this information in writing to the applicant in A1 for purposes identified in A-2 and Part 1.

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 CAR due to the non-disclosure provisions of *The Young Offenders Act* or *The Youth Criminal Justice Act*. The Applicant shall not use or disclose the personal (health) information provided by the Subject except for the purpose(s) stated in Part 1 and Part 2.

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Part 1 Consent to Collection & Disclosure of Information and Results

I understand that the Applicant is obtaining my personal information (including, if necessary for identification purposes, my Manitoba Health Reg. No.) described in Part 2 B to disclose this information to the Director of Child and Family Services (the Director) 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 these results to the Applicant.

I understand that the disclosure of the results of the check to the Applicant is authorized under Section 19 of *The Child and Family Services Act* and is the minimum amount of information necessary to accomplish the purpose(s) specified in Part 2 A-2.

I understand that the Applicant requires the results of the Child Abuse Registry check for the purpose(s) specified in Part 2 A-2. This information will be available to employees or agents of the Applicant only on a need to know basis.

I understand that the Applicant will use the information only for the above purpose(s) unless use for another purpose is authorized or required by law.

I understand that the Applicant will not further disclose the results of the Child Abuse Registry check without my written consent unless authorized or required to do so by law.

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 Applicant, its disclosure to the Director and the disclosure of the results of the check, described in Part 2 C, by the Director to the Applicant.

DATE: _____ SUBJECT'S SIGNATURE: _____

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.

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Part 3 Fee Payment

Applicant's Name: _____ Subject's Name _____

Payment Exemption

There may be no fee depending on the purpose of the check. Please refer to Manitoba Regulation 16/99 subsection 11.1(2).

All fee exemptions are subject to an audit.

☐ Exempted – no fee attached

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

☐ **VISA** Card Number _____ Expiry Date _____

Name as it Appears on Card _____

Amount: _____ (Canadian funds)

Authorization: _____
Signature of Cardholder

☐ **MASTERCARD** Card Number _____ Expiry Date _____

Name as it Appears on Card _____

Amount: _____ (Canadian funds)

Authorization: _____
Signature of Cardholder

☐ **CHEQUE** ***made payable to the Minister of Finance***

Note: Post-dated cheques will not be accepted. **There is a $20.00 NSF charge for all returned cheques.**

☐ **MONEY ORDER** ***made payable to the Minister of Finance***

☐ **CASH** (**Note:** It is recommended that you **do not** send cash through the mail.)

Receipts will only be issued if requested at the time the Application is submitted.

☐ Check ✓ if receipt is required.

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

FOR CHILD ABUSE REGISTRY OFFICE USE ONLY	
Application Received	**Date**
☐ ***IN-HOUSE***	
☐ ***MAIL***	
☐ ***COURIER***	
☐ ***FAX***	
☐ **Multiple Applications #** _____	

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