

## ***Information for Individuals Applying for a Self-Check Mail Child Abuse Registry Check***

### **Checklist**

Please note: Failure to complete your application in full will result in your form being rejected and returned to you via mail for correction

#### **Have you completed the following?**

- I have completed all three (3) pages of the application.
- I have dated and signed Part 1 and Part 2 within the past six (6) months.
- My witness has dated and signed Part 1 within the past six (6) months.
  - For more information regarding witness eligibility, please see the Information about the Witness section of the information package
- I have completed Part 2 of the application including my full name (section B-1) with no initials or omissions and I have indicated any previous or other names in the spaces provided.
- I have provided a photocopy of two (2) pieces of valid government-issued identification, one of which includes my name, date of birth, signature, photo and an expiry date.
  - For more information regarding identification requirements, please see the Notice of Mandatory Identification Requirements section of the information package.
- My witness has verified the photocopied identification page and provided his or her contact information including a daytime phone number where they can be reached.
  - **Important:** For more information regarding the photocopy verification process, please see the Information About the Witness and the Photocopied Identification section of the information package.
- I have indicated the number of applications required and identified my method of payment on Part 3 of the application.

## Information for Individuals Applying for a Self-Check Mail Child Abuse Registry Check

### Notice of Mandatory Identification Requirements

Applicants must provide two valid pieces of government-issued identification (ID), one of which must include the applicant's name, date of birth, signature, photo and an expiry date.

Primary identification must include a photo and be one of the following:

- driver's licence
- passport
- Aboriginal status card
- identification card from a motor vehicle registry
- FAST card from Canada Border Services Agency
- permanent resident card
- other photo ID

Secondary identification can be one of the following:

- birth certificate
- social insurance number
- Manitoba health card
- citizenship card
- firearms licence
- immigration papers
- Department of National Defence card
- NEXUS card
- other secondary ID

*If you are unable to meet the mandatory ID requirements, please contact the registry office. We reserve the right to require further identification in order to confirm identity.*

### Information About the Witness and the Photocopied Identification Page

To have your application accepted it must be accompanied by a photocopy of two (2) pieces of identification that have been verified by a witness.

Your witness can be anyone over the age of 18 who is not a member of your family by blood, marriage, common-law relationship, adoption or guardianship. This includes your:

- Immediate family: parent, child, sibling and their spouse or partner.
- Extended family: grandparent, aunt, uncle, nephew, niece, cousins and their spouse or partner
- Your spouse's immediate or extended family and their spouse or partner

In order to verify your identification, the witness must:

1. Examine the original identification.
2. Ensure the original identification matches the photocopy.
3. Sign and date the photocopy page.
4. Provide his or her contact information (please print) including:
  - name
  - a daytime telephone number
  - relationship to the subject and
    - number of years known (personal witness) or
    - place of employment and job title (professional witness)

EXAMPLE





# 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.

