



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 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: Prairie Rose School Division 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.)

BILL to Agency/Organization (Accounts Receivable Debit) **638-02**

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
<input type="checkbox"/> IN-HOUSE	_____
<input type="checkbox"/> MAIL	_____
<input type="checkbox"/> COURIER	_____
<input type="checkbox"/> FAX	_____
<input type="checkbox"/> Multiple Applications # _____	