

Application for a Child Abuse Registry Check

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.			
	Kyla Walton, Acting Director			
	Prairie Strides (formerly MB Riding for the Disabled Association Inc.)			
	145 Pacific Avenue			
	Winnipeg, MB R3B 2Z6			
	204-925-5905 Program			
	Contact PersonTelephone NumberOffice / 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 Whose work, whether paid or unpaid, permits or may permit access to a child Whose work, 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:Program Volunteer			
A-4	Applicant Authorization: ACCESS CODE: 960-08			
	Signature of Applicant staff who verified Subject's identification Applicant's Signature (Executive Director or Supervisor)			
NOT	E: There is a non-refundable fee of \$20.00 per application. Please refer to Part 3 for fee payment details.			
SEC	TION B - SUBJECT'S INFORMATION (to be completed by the person being checked) (PLEASE PRINT CLEARLY)			
B-1	Name:			
21	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 X I			
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:			
D-0	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			
5,	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:			
SEC	TION 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			
	IS LISTED on the Manitoba Child Abuse Registry Director of Child and Family Services or Designate			
Youth	The name of a young offender (under 18) may not appear on the CAR due to the non-disclosure provisions of <i>The Young Offenders Act</i> or <i>The Criminal Justice Act</i> . The Applicant shall not use or disclose the personal (health) information provided by the Subject except for the purpose(s) in Part 1 and Part 2.			
CHIL	D ABUSE REGISTRY			



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.



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 3 Fee Payment

Applicant's Name: Manitoba	Riding for the Disabled Assoc	ciation Inc Subject's Name
Payment Exemption		
There may be no fee depe	ending on the purpose of the a	check. Please refer to Manitoba Regulation 16/99 subsection 11.1(2)
All fee exemptions are sub	oject to an audit.	
Exempted – no f	fee attached	
Payment Method (Please	e check one box only and prin	t all information clearly)
	Card Number	Expiry Date
	Name as it Appears on Card	d
	Amount:	(Canadian funds)
	Authorization:	
		Signature of Cardholder
	Card Number	Expiry Date
	Name as it Appears on Carc	b b
	Amount:	(Canadian funds)
	Authorization:	
		Signature of Cardholder
CHEQUE made	e payable to the Minister of I	Finance
Note: Post-date	ed cheques will not be accept	ed. There is a \$20.00 NSF charge for all returned cheques.
	R made payable to the Minis	ster of Finance
CASH (Note: It	is recommended that you do no	t send cash through the mail.)
Receipts will only be iss	ued if requested at the time	e 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 #			