

LETTER TO THE CHILD ABUSE REGISTRY (REQUESTING ACCESS)

TO: Child Abuse Registrar
Child and Family Services Division
2nd Floor 777 Portage Avenue
Winnipeg MB R3G 0N3 Phone: (204) 945-1948 Fax: (204) 948-2222

RE: APPLICATION FOR ACCESS TO PROVINCIAL CHILD ABUSE REGISTRY (CAR)

This application for access is pursuant to Section 19.3(3.1) of *The Child and Family Services Act* that states:

"19.3(3.1) On application by an employer or other person, the director shall disclose to the applicant whether the name of a person is entered in the registry if the director is satisfied that the information is reasonably required to assist the applicant in assessing the person whose work, whether paid or unpaid,

- (a) involves or may involve the care, custody, control or charge of a child; or*
- (b) permits or may permit access to a child."*

Our agency/organization is requesting access to the CAR because:

(Please describe the work of your agency/organization, and specifically, how the work of the person, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child, or permits or may permit access to a child).

You should also include any material that would assist in our review of your application (e.g., copy of a brochure, website information that concerns the service provided by your agency/organization).

I understand that the CAR office will review this application to ensure that it complies with the legislative requirements. If this request is approved, the CAR office will forward an original CAR Application Form for our agency/organization's use.

Our agency/organization agrees to ensure that for each check requested:

1. the purpose of the check is identified in A-2;
2. the Subject being checked understands the need for the check and **fully** completes Part 1, Part 2 Section B and Part 3 of the application;
3. the Subject's **identification is presented and checked/verified**;
4. A-4 has been duly authorized and signed on behalf of our agency/organization; and
5. All three parts of the application are provided to the Child Abuse Registry office.

SIGNED: Please provide all information as described below.

Name: _____ Title: _____

Organization Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Telephone Number: _____ E-Mail Address: _____

Fax Number: _____ Website: _____

Dated: _____