



**Criminal Record Check Forms**

Winnipeg Police Service – Application for Criminal Record Search Certificate

Winnipeg Police Service – Criminal Record Search Waiver

R.C.M.P. Consent for Disclosure of Criminal Record Information (Form P-612)

**Child Abuse Registry Check Forms**

Part 1 - Consent to the Collection and Disclosure of Information and Results

Part 2 - Information and Results

Part 3 - Fee Payment



WINNIPEG POLICE SERVICE
APPLICATION FOR
CRIMINAL RECORD SEARCH CERTIFICATE

DATE RECEIVED

[Empty box for Date Received]

Mail this completed form, with a photocopy of proper identification and fee (see: Information on Requests and Fees), to:
Winnipeg Police Service, P.O. Box 1680, Winnipeg, Manitoba R3C 2Z7 Attention: Bureau of Police Records

SECTION 1 - Identification of the Applicant (When completing this section, please write all names in full - NO INITIALS)

Form fields for Section 1: Surname, First Name, Middle Name, Gender (Male/Female), Other Names Used, Date of Birth, Birth Place, Address, City, Postal Code, Home Phone Number, Identification Provided, Signature.

SECTION 2 - Nature of Position

Form fields for Section 2: Job Title / Volunteer Position / Course, The Name of the Person or Organization is, and checkboxes for Employment / Volunteer - Non Vulnerable, Vulnerable Sector, Visa or Immigration Purposes, U.S. Border Cross / U.S. Employment, and Other.

VULNERABLE SECTOR - Persons under 18 years of age or persons who due to their age, disability or other circumstances, are dependent on others or are at a greater risk of harm than the general population from a person in a position of authority or trust. If working or volunteering with a vulnerable sector you must sign the consent below.

SECTION 3 - Vulnerable Sector Consent

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature and Date lines

If paying by credit card: [ ] VISA [ ] MASTERCARD [ ] AMERICAN EXPRESS
CREDIT CARD #: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

SECTION 4 - Office use Only

Receipt No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

The personal information is being collected for the purpose of conducting a criminal record search and to provide the applicant with a Criminal Record Search Certificate. The personal information is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. Questions about the collection may be directed to (204)986-6074.



**WINNIPEG POLICE SERVICE  
CRIMINAL RECORD SEARCH CERTIFICATE WAIVER**

I, \_\_\_\_\_ hereby authorize the  
(Applicant's Full Name)

Winnipeg Police Service to conduct a criminal record search. Where the search results in a finding of "No Convictions", I consent to the release of the Criminal Record Search Certificate directly to:

Name of Person: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency's Mailing Address: \_\_\_\_\_

City and Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Where the search result is a finding of "Conviction" or "Pending Charge(s)" under a subject of the same name and date of birth, the Winnipeg Police Service shall mail the search results directly to my residence.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

P-613 06 09 20



Royal Canadian Mounted Police Gendarmerie royale du Canada

**CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION**

**PART 1**

IF COMPLETED MANUALLY, PLEASE PRINT

Surname	Given name (1)	Given name (2)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Tel. no. (incl. area code)
Address (no., street, apt.)		City	Province	Postal code
Date of birth (yyyy-mm-d)	Place of birth	Driver's licence no.	Usual first name or alias	Maiden name/Any other Surname
Previous address if less than 5 years at current address Address (no., street, apt.)		City	Province	Postal code

**PART 2**

Pursuant to Section 8(1) of the Privacy Act of Canada, I hereby authorize the Royal Canadian Mounted Police to disclose my personal information to:

Full name	Title	Name of organization	
Address (no., street, apt.)	City	Province	Postal code

**PART 3**

**WAIVER AND RELEASE:**

I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Royal Canadian Mounted Police, their members, employees, agents and assigns from any and all actions, causes of actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of information and waive all rights thereto.

**PART 4**

This consent is valid for a period of three months from the date of signature.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ Signature of applicant \_\_\_\_\_

**PART 5**

Following is information contained in the records of the RCMP or records from other police forces accessible through computer queries and is based on a name and date of birth check only. **\*\*A record may or may not exist** for the subject of this inquiry, positive identification and a certified criminal records check can only be obtained through a fingerprint check. This can be made with the submission of a complete set of fingerprints to:

**INFORMATION AND IDENTIFICATION SERVICES**  
CANADIAN CRIMINAL RECORD INFORMATION SERVICES  
1200 Vanier Parkway  
OTTAWA, ONTARIO K1A 0R2

**YOUNG OFFENDER INFORMATION** - The Youth Criminal Justice Act/Young Offenders Act make it an offence to disclose young offender information. In cases where an adult's record contains young offender information or a young offender requests a copy of his/her criminal record, the criminal record information **MUST** be given to the requester. Individuals can disclose their own information, but even with consent the RCMP are not legally permitted to disclose young offender information.

**INSTRUCTION TO REQUESTERS:** The following section contains varying degrees of police information.

- Confirm with the party identified in PART 2, the exact information they require.
- Choose the category which best symbolizes the information you are providing consent for the RCMP to disclose and place your initials in the appropriate INITIALS box.
- The party identified in PART 2 will be advised accordingly of negative checks.
- Checks resulting in possible "hits" for information identified in categories 1, 2 or 3 will require confirmation by the submission of fingerprints.
- You will be required to confirm that information located through the checks stipulated in category 4, is your personal information.
- You may withdraw this consent prior to disclosure.

No.	Initials	Category of Information for Disclosure	FOR POLICE USE ONLY
1.		Records of criminal convictions found in the Identification Data Bank attainable through the Canadian Police Information Centre (CPIC) for which a pardon has not been granted. <b>RCMP: Make CPIC Criminal Record "LEVEL 1" Query ONLY.</b>	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
2.		Records of criminal convictions attainable through CPIC for which a pardon has not been granted plus records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC. <b>RCMP: Make CPIC Criminal Record "LEVEL 1" Query AND a Persons CPIC Query.</b>	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
3.		Records of criminal convictions and summary of police information (including records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC) attainable through CPIC for which a pardon has not been granted plus records of discharges which have not been removed from the Identification Data Bank in accordance with the Criminal Records Act. This will include all charges regardless of disposition. <b>RCMP: Make CPIC Criminal Record "LEVEL 2" Query AND a Persons CPIC Query.</b>	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
4.		Police information located on computer systems (e.g. Police Information Retrieval System (PIRS), CPIC, PROS, PRIME, LEIP) and information located through local police indices checks. This will include all information related to non convictions and all charges regardless of disposition. <b>RCMP: Make Persons Queries on PIRS, CPIC, PROS, PRIME and LEIP.</b> In view of the general nature of this information, confirm with requester this is in fact information pertaining to him/her. Requesters <b>MUST</b> confirm information which pertains to them prior to disclosure. If a discrepancy exists, do not disclose this information.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist

**COMPLETED BY**

Member (signature)	Reg. no.	Unit	Date
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RCMP GRC 3584e (2006-03)



**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**

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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).

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.

DATE: \_\_\_\_\_ SUBJECT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ WITNESS: \_\_\_\_\_  
(Commissioner for Oaths, or Notary Public, or professional) Designation

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 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 2 Information and Results**

**SECTION A – Access for SELF-CHECK**

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

Name		
Address	Apt. No.	
City	Province	Postal Code

If you are applying for an unpaid position to work with children, please make your application through the employer/agency as a fee exemption may apply.

NOTE: There is a non-refundable fee of \$10.00 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/Town:** \_\_\_\_\_  
**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 to a Commissioner for Oaths, a Notary Public, or a professional who has witnessed my signature and verified the photocopy of the identification attached to this application:

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 to the Director to release this information to me, in writing, upon completion of Section C below.

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 Child Abuse Registry due to the non-disclosure provisions of *The Young Offenders Act* or *The Youth Criminal Justice Act*.

CHILD ABUSE REGISTRY UNIT – Child Protection Branch  
201 – 114 Garry Street, Winnipeg MB R3C 4V5, CANADA  
Telephone: (204) 945-6967 Fax: (204) 948-2222

File: CAR-MAIL SHORT – Rev 1003



**Part 3 Fee Payment**

Subject's Name \_\_\_\_\_

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.

**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.**

<b>FOR CHILD ABUSE REGISTRY USE ONLY</b>	<b>Date Received:</b> _____
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Adopted September 1, 2009		
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