

**Peguis First Nation**

**Consent to Release of Personal and/or Private Information Waiver and Release**

FULL NAME: \_\_\_\_\_  
Surname First Middle

DATE OF BIRTH: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
yy/mm/dd

In order for the Peguis Membership Committee to make an informed decision, the individual must provide the information requested and must consent to the collection, disclosure and the use of their information as described in this notice by signing the consent and release form. Agencies as appropriate may be contacted in order to obtain relevant facts.

I consent to the collection of my verification of Indian Status and affiliation from the First Nation Membership Officer/Indian Registry Administrator.

I consent to the collection, use, disclosure, transmittal and examination of all information compiled by the Peguis Membership Committee and Band Council.

I agree to waive any right of action against any person or organization providing information in compliance with this authorization.

Should I be successful in obtaining Peguis Registration (269), I agree to publish my name in any reporting material for Peguis First Nation.

I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me,

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature, if applicant is under 18 years of age

\_\_\_\_\_  
Date

## Appendix C

### Statement of Consent for Transfer of Children to Section 10 Band



**STATEMENT OF CONSENT FOR TRANSFER OF CHILDREN to SECTION 10 BAND**

Consent is given to transfer the registration of the following child(ren)

to the \_\_\_\_\_ First Nation

from the \_\_\_\_\_ First Nation.

<u>Child's Name</u>	<u>Registration #</u>	<u>Birth Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*I/We are aware that \_\_\_\_\_ First Nation determines its own membership. In  
(Admitting Band)

order to apply for membership in \_\_\_\_\_ First Nation I must submit a  
(Admitting Band)

request, separate and apart from this consent, directly to Chief and Council.\*

**Please note, this Consent to Transfer will expire after one year if it has not been processed. In such cases, your consent will need to be renewed in writing.**

Parent/Legal Guardian 1

Parent/Legal Guardian 2

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Registry Number \_\_\_\_\_

Date \_\_\_\_\_

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

(If different)

Address \_\_\_\_\_

(If different)

## Appendix B

### Peguis First Nation Band Questionnaire

Purpose:

As part of the Transfer Application to the Peguis First Nation (PFN) Registry List, Band Council and Peguis Membership Committee Members will want to know more about you and your plans for the future and determine what you may need to be part of this Community.

- 1) What is your reason for transferring into PFN?
- 2) Tell us about your work history and are you currently employed?
- 3) What are your future goals?
- 4) Tell us about your education and training?
- 5) Have you been a registered member of any other First Nation Band(s) prior to the one that you are currently registered with? If so, why did you transfer out of the previous First Nation Band?
- 6) Do you plan to live off or on the reserve?
- 7) Will you have family members join you to live on PFN Reserve?
- 8) Do you have family who are already members of PFN? Please provide names of those family members.
- 9) Peguis First Nation conducts random drug testing. Are you willing to participate in this process?

## Appendix A

### Statement of Consent for Transfer of an Adult to Section 10 Band



Aboriginal Affairs and  
Northern Development Canada

Affaires autochtones et  
Développement du Nord Canada

#### STATEMENT OF CONSENT FOR TRANSFER OF AN ADULT TO SECTION 10 BAND

I, \_\_\_\_\_ of the \_\_\_\_\_  
(Name) (Original Band)

First Nation consent to transfer my registration to the \_\_\_\_\_  
(Admitting Band)

First Nation (Section 10). I understand that my name will be removed from the  
\_\_\_\_\_ First Nation band list/Indian Register.  
(Original Band)

\* I/We are aware that \_\_\_\_\_ First Nation determines its own  
(Admitting Band)  
membership. In order to apply for membership in \_\_\_\_\_ First  
(Admitting Band)

Nation I must submit a request, separate and apart from this consent, directly to Chief and  
Council. \*

**Please note, this Consent to Transfer will expire after one year if it has not been  
processed. In such cases, your consent will need to be renewed in writing.**

Registration Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Canada

CIDM : 1018133

## 8.0 Former Peguis Member

**8.1** A former PFN Member Transfer Applicant must submit the following to the Membership Officer:

- a) a completed Statement of Consent to Transfer Application form (Appendix A);
- b) a **vulnerable criminal record check**, which proves that the former PFN Member Transfer Applicant is in compliance with 4.1(d);
- c) an **adult and child abuse record check**, which proves that the former PFN Member Transfer Applicant is in compliance with 4.1(e)
- d) must be a ten (10) year waiting period from the date the “transfer out” occurred;  
and
- e) must state in writing why he/she wishes to transfer back into PFN.

**8.2** Upon receipt of all requirements set out in Section 8.1, the Membership Officer will present such Transfer Application and supporting documentation to the Membership Committee.

**8.3** The Membership Committee will:

- a) recommend or defer the former PFN Member Transfer; and
- b) forward the decision to the Membership Officer for further processing.

## 6.0 Minor Child(ren) Eligibility and Application Approval Process

**6.1** Subject to Sections 4.1(a) and (c) and Sections 6.2 and 6.3, upon a Minor Child(ren) biological parent submitting a Transfer Application on the Minor Child's behalf in the prescribed form (Appendix C).

**6.2** The parents of the Minor Child(ren) must provide the following to the Membership Officer:

- a) a completed Statement of Consent for Transfer of Children to Section 10 Band, signed by both parents (Appendix C);
- b) consent in writing confirming both of their intentions to transfer membership of the Minor Child(ren) to the PFN;
- c) an ORIGINAL long-form birth certificate for the Minor Child(ren); and
- d) In the case of a deceased parent(s), a Death Certificate is required to be submitted.

**6.3** Where one parent or a legal guardian has legal custody of the Minor Child(ren), that parent or legal guardian must provide the following to the Membership Officer:

- a) a completed Statement of Consent for Transfer of Children to Section 10 Band, signed by the parent or legal guardian with legal custody (Appendix C);
- b) consent in writing confirming the intention to transfer membership of the Minor Child(ren) to the PFN;
- c) a long-form birth certificate for the Minor Child(ren); and
- d) written evidence of legal custody of the Minor Child(ren).

**6.4** Upon receipt of all required documentation, the Membership Officer will provide the Peguis Membership Committee with all necessary information to make a determination concerning the eligibility of the Minor Child(ren).

## 7.0 Proof of Peguis Family Link

**7.1** Proof of a Family Link may be demonstrated by long-form birth certificates, marriage certificates, legal custody documents, affidavits, statutory declarations, or other applicable evidence.

## **Peguis First Nation Transfer Policy**

- b) all supporting documentation to meet the requirements set out in Section 4.1; and**
- c) if transferring from a Section 11 Band, the Transfer Applicant must request a Releasing Band Council Resolution (BCR) from his or her current Band Council and provide the Membership Officer with the Original Releasing BCR.**

**5.2 The Membership Officer will acknowledge in writing receipt of the Transfer Application.**

**5.3 If the Membership Officer determines the Transfer Applicant has not met the eligibility requirements, then the Membership Officer will notify the Transfer Applicant in writing, and**

- a) provide reasons why the Transfer Applicant failed to meet the eligibility requirements set out in Section 4.1, including whether the Transfer Applicant failed to provide the necessary supporting documentation;**
- b) provide notice that the Transfer Applicant may respond to the Membership Officer within 90 days with additional supporting documentation that may impact the Membership Officer's determination; and**
  - i. if, upon receipt of a Transfer Applicant's further documentation, the Membership Officer and Membership Committee maintains its determination that the Transfer Applicant has failed to meet the eligibility requirements set out in Section 4.1, then:**
- c) the Membership Officer will notify the Transfer Applicant of the Membership Committee's final decision and provide written reasons why the Transfer Applicant failed to meet the eligibility requirements set out in Section 4.1.**

**5.4 If the Transfer Applicant has met the eligibility requirements set out in Section 4.1 and provided all necessary documents, including those pursuant to Sections 4.1, 5.1 and 5.3, then the Membership Officer will present such Statement of Consent to Transfer Application and supporting documents (with all other eligible Transfer Applications) at a Peguis Membership Committee Meeting.**

**5.5 Upon approval the Membership Officer will prepare a Band Council Resolution for Band Council's signature confirming the recommendation for approved Transfer Application(s).**

**5.6 Upon approval the Membership Officer will forward the name of the applicant(s) to Indigenous Services Canada (ISC) Registry List.**

**5.7 Upon receipt of their Peguis (269) Registration Number the applicant may apply to be on the Peguis Membership Band List.**

### 3.0 Application

3.1 This Policy applies to all Transfer Applications.

### 4.0 Adult Eligibility

4.1 Prior to the Membership Officer considering a Transfer Application, a Transfer Applicant must meet the following requirements:

- a) be a Registered Indian under the *Indian Act*;
- b) complete a Statement of Consent to Transfer of an Adult to Section 10 Band Form (see Appendix A);
- c) demonstrate a Family Link;
- d) must undergo a **vulnerable criminal record check** at the Transfer Applicant's expense and provide written proof from the RCMP/other Law Enforcement Agencies at the time of the Transfer Application that demonstrates the Transfer Applicant has not been convicted of a Criminal Offense (see under section 2.0 Definitions);
- e) must undergo an **adult and child abuse record check** at the Transfer Applicant's expense and provide written proof to the Membership Officer at the time of the Transfer Application that demonstrates the Transfer Applicant has not been convicted of an adult or child abuse offense;
- f) complete the PFN Questionnaire (See Appendix B);
- g) provide a sponsorship/reference letter from a PFN member and a member from the Band he or she is transferring from, along with a signed consent form that allows the Peguis Membership Committee to contact his or her sponsors/references.

### 5.0 Adult Application and Approval Process

5.1 If a Transfer Applicant meets the eligibility requirements set out in Section 4.1, a Transfer Applicant must submit the following to the Membership Officer:

- a) the original Statement of Consent to Transfer of an Adult to a Section 10 Band (Appendix A);

## 2.0 Definitions

**“Band”** - “band” as defined in the Indian Act;

**“PFN Member”** – is a person whose name is on the Band List or who is entitled to have his/her name on the Band List;

**“Member of a Band”** – is “member of a band” as defined in the Indian Act;

**“Band Council”** - is the duly elected council of the PFN;

**“Band List”** – is the membership list of PFN as maintained by the Membership Officer;

**“Criminal Offense”** means a record of conviction for an indictable offence under the Criminal Code of Canada, or equivalent legislation in any other jurisdiction, except for the following:

- 1) A non-indictable offence which occurred while the Transfer Applicant was under 25 years of age, or for which the Transfer Applicant was convicted more than 5 years prior to the date of the Transfer Application, and in all such cases, the Transfer Applicant having served his or her sentence or probationary period, paid all applicable fines or penalties, and successfully completed all required community service or treatment programs, ordered by a court of competent jurisdiction;

**“Family Link”** - a biological connection to a PFN Member (or person entitled to be a PFN Member) who can demonstrate a Peguis Family Link.

**“Membership Officer”** - the person employed by the PFN to maintain the Band List and carry out duties under the Transfer Policy related to Transfer Applications, and includes delegates of the Membership Officer within the PFN membership department;

**“Minor Child”** – is a person under the age of 18 years; or a person of, or over, the age of 18 but who by reason of disability, illness or other cause, lacks the mental capacity to make his or her own decisions, and is the biological child of a PFN Member;

**“Registered Indian”** - is a person who is registered as an Indian under the Indian Act, as amended from time to time;

**“Transfer Applicant”** - is a person who is a Member of a Band other than PFN who applies to become registered with PFN, under the Indian Act;

**“Transfer Application”** - is an application from a Transfer Applicant to become registered with PFN.

**“Transfer Out”** – refers to former Peguis Band Member who has been accepted to another First Nation and is requesting to transfer back to Peguis.

## **Peguis First Nation Transfer Policy**

("Transfer Policy")

### **WHEREAS,**

- A. Peguis First Nation (PFN) shall maintain control over its Membership through the Peguis First Nation Transfer Policy;
- B. PFN shall create a policy process to consider Transfer Applications;
- C. PFN recognizes that a Statement of Consent to Transfer Application received from a former PFN Member may not be subject to the same process as a Transfer Application from another Band;
- D. The Indian Registry Administrator and/or Membership Officer for the PFN Membership Department will receive the Transfer Application documents for recommendation to the Membership Committee;
- E. The Membership Committee will review and recommend the transfer applicants to Band Council for final approval; and
- F. The PFN Transfer Policy may be amended or subject to change as agreed by the Membership Committee Quorum.

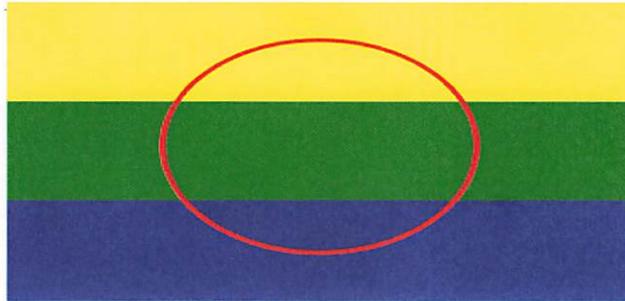
**THEREFORE THE BAND COUNCIL OF THE PEGUIS FIRST NATION HEREBY ADOPTS THE FOLLOWING POLICY:**

### **1.0 Purpose of the Policy**

The purpose of the Transfer Policy is to ensure all transfers follow the guidelines and criteria set out in this document. All transfers require the consent of a majority of a quorum of Band Council. The consent of Band Council to approve a transfer is obtained by strict compliance with the following procedures that will be used to guide decisions on Transfer Applications.

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# Peguis First Nation Transfer Policy

("Transfer Policy")

PegBand Membership  
6/6/2018  
Last Amended 2018/10/30

## Requirements for Eligibility to Transfer Checklist

These are the requirements set out in the Transfer Policy of Peguis First Nation. Failure to provide all required documents will result in the transfer application being deferred until all necessary information is completed.

### Adult Checklist

- Completed statement of Consent to Transfer an Adult to Section 10
- Vulnerable Criminal Record Check
- Adult Abuse record check
- Child abuse record check
- Waiver and Release form
- Completed PFN Questionnaire/Band Membership Application
- Sponsorship/Reference letter from Peguis First Nation Member
- Sponsorship/Reference letter from original Band Member
- Front/back copies of a valid piece of ID signed and by a IRA/CBA
- Membership Application

### Child(ren) Checklist

- Completed Statement of Consent from Transfer of Children to Section 10
- Written consent to transfer minor child(ren)
- Original long-form Birth certificate
- In the case of legal custody of a Minor Child, all of the above and; written evidence of legal custody of the minor child(ren)
- Waiver and Release form
- Front/back copies of a valid piece of ID signed and by a IRA/CBA
- Membership Application

### Former Peguis Member Checklist

- Completed Statement of Consent to Transfer an Adult
- Vulnerable Criminal Record Check
- Adult abuse record check
- Child abuse record check
- Valid ID

All **original** documents will be returned to the applicant after they have been processed.

Applications and all required documentations can be dropped off at the Peguis Band Office or mailed to:

**Peguis Indian Band**

**Attn: Leah E. McPherson**

**P.O Box 10**

**Peguis, Mb R0C3J0**

**Confidential**

Should you have any questions or concerns please contact Peguis Membership Officer/Indian Registry Administrator at 204-645-2359, toll free 1-866-645-2359 extension 140 or email

[PegBand.Membership@peguisfirstnation.ca](mailto:PegBand.Membership@peguisfirstnation.ca)

**5) Have you been a registered member of any other First Nation Bands prior to the one that you are currently registered with? If so, why did you transfer out of the previous First Nation Band?**

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**6) Do you plan to live off or on the reserve?**

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**7) Will you have family members join you to live on PFN Reserve?**

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**8) Do you have family who are already members of PFN? Please provide names of those family members.**

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**9) Peguis First Nation conducts random drug testing. Are you agreeable to this process?**

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## Peguis First Nation Band Questionnaire

As part of the Transfer Application to the Peguis First Nation (PFN) Registry List, Band Council and Peguis Membership Committee Members will want to know more about you and your plans for the future and determine what you may need to be part of this Community.

1) What is your reason for transferring into PFN? (If more room is needed please attach extra paper)

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2) Tell us about your work history and are you currently employed?

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3) What are your future goals?

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4) Tell us about your education and training?

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# 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

Please note: Applications cannot be mailed to a third party (no exceptions)

### SECTION B – SUBJECT'S INFORMATION (to be completed by the person being checked) (PLEASE PRINT CLEARLY)

B-1 Name: \_\_\_\_\_  
Last Name First Name Middle Name (no initials)

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  Other

B-4 Current Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email (optional): \_\_\_\_\_

B-5 Historical address(es). Apart from your current address, list any addresses where you have lived in the past five years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B-6 IDENTIFICATION: To process your application, we require two valid pieces of government-issued identification. At least one must include your name, date of birth, signature, photo and an expiry date. A verified photocopy of the identification must be attached to this application.

Primary (photo) identification: \_\_\_\_\_ Secondary identification: \_\_\_\_\_  
Type: \_\_\_\_\_ Type: \_\_\_\_\_  
Identification Number: \_\_\_\_\_ Identification Number: \_\_\_\_\_

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*.



# 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) 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.

## 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



## **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.

**BAND TRANSFER REQUEST  
STATEMENT OF CONSENT****Privacy Act Statement**

This statement outlines the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection, use, and disclosure of personal information are in accordance with the *Privacy Act*. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. Personal information that you provide on this form is protected under the *Privacy Act*. We may share the personal information you provide as outlined under Personal Information Bank AANDC PPU110 (Info Source <http://www.aadnc-aandc.gc.ca/eng/1100100011039/1100100011040>). The information collected is retained by the Department for 30 years after the last administrative action and then transferred to Library and Archives Canada (or as described in the Personal Information Bank). As stated in the *Privacy Act*, you have the right to access the personal information you give us and request changes to incorrect information. If you have questions or wish to notify us of incorrect information, you may call us at 1-800-567-9804. For more information on privacy issues and the *Privacy Act* in general, you can consult the Privacy Commissioner at 1-800-282-1378.

**1. INFORMATION ON PERSON TO BE TRANSFERRED** (*Information in bold is mandatory*)

<b>Surname</b> (as it appears in Indian Register):		<b>Given Name</b> (as it appears in Indian Register):		Alias:	
<b>Date of Birth:</b> (YYYY/MM/DD)	<b>Band Name:</b>		<b>Registration Number</b> (10-digits):		
<b>Contact Information</b>					
<b>Mailing Address:</b> (Apartment No., Street No., Street, City, P.O. Box)					
<b>Telephone Number:</b> (Home)	<b>Telephone Number:</b> (Business)		<b>Province or Territory:</b>		<b>Postal Code:</b>

**2. PARENT(S) OR LEGAL GUARDIAN(S) INFORMATION:** (*If the person to be transferred is a child 15 years or younger or a dependent adult both parents or legal guardian must sign.*)

<b>1. Surname</b> (as it appears in Indian Register):		<b>Given Name</b> (as it appears in Indian Register):		Alias:	
<b>Date of Birth:</b> (YYYY/MM/DD)	<b>Band Name:</b>		<b>Registration Number</b> (10-digits if applicable):		
<b>2. Surname</b> (as it appears in Indian Register):		<b>Given Name</b> (as it appears in Indian Register):		Alias:	
<b>Date of Birth:</b> (YYYY/MM/DD)	<b>Band Name:</b>		<b>Registration Number</b> (10-digits if applicable):		

**3. BAND TRANSFER REQUEST DETAILS:**

This is to confirm, \_\_\_\_\_, is requesting to transfer their name from the  
(Full name of person to be transferred)  
\_\_\_\_\_ Band List/Registry Group, as recorded in the Indian Register,  
(print band name clearly)  
to the \_\_\_\_\_ Band List/Registry Group.  
(print band name clearly)

Applicants are to ensure a Band Council Resolution from the admitting band is submitted with this form.

**4. APPLICANT'S DECLARATION:**

I \_\_\_\_\_, request to have the Indian Register updated with the above information. I solemnly declare that all information contained on this form is true, and all supporting documentation provided is unaltered. I have read and understand the *Privacy Act* Statement.

Applicant's Signature \_\_\_\_\_ Date (YYYY/MM/DD): \_\_\_\_\_  
Parent or Legal Guardian is applying on behalf of a child

Other Parent or Legal Guardian Signature: \_\_\_\_\_ Date (YYYY/MM/DD): \_\_\_\_\_

Indian Registration Administrator (IRA) Name: \_\_\_\_\_ Date (YYYY/MM/DD): \_\_\_\_\_

Band Initiator Code: \_\_\_\_\_ Band Name: \_\_\_\_\_ IRA Signature: \_\_\_\_\_



# Application for an Adult Abuse Registry Self-Check (Mail)

Application pursuant to Section 42 of *The Adult Abuse Registry Act* for access to the Adult Abuse Registry

## Part 3 Fee Payment

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

### Application Fees (All fees are non-refundable)

There is a \$20.00 fee for your initial application.  
Each additional application is \$5.00 when requested at the time of submission

Initial Application	1	@	\$20.00	\$ <u>20.00</u>
Additional Applications	_____	@	\$5.00	\$ _____

NOTICE: If you are applying for an unpaid position to work with specified adults as defined in The Adult Abuse Registry Act (ex: as a volunteer, student trainee or work placement), please contact the organization to determine if they have an employer application form as a fee exemption may apply.

### Method of Payment (Please check one box only and print all information clearly)

I authorize the Adult Abuse Registry to charge my credit card: \$ \_\_\_\_\_ (CAD)

<input type="checkbox"/>	VISA	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	MASTERCARD	Credit Card Number				Expiry Date	

\_\_\_\_\_ Cardholder Name (print)

\_\_\_\_\_ Cardholder Signature

<input type="checkbox"/>	CHEQUE	}	Payable to the Minister of Finance
<input type="checkbox"/>	CERTIFIED CHEQUE		
<input type="checkbox"/>	MONEY ORDER		

Note: Post-dated cheques will not be accepted.  
A \$20.00 service fee will be charged on all returned cheques (NSF)

CASH (We do not recommend sending cash through the mail)

Check this box if a receipt is required

**All three parts of this Application must be forwarded to the Adult Abuse Registry for a check to be completed.**



# Application for an Adult Abuse Registry Self-Check (Mail)

Application pursuant to Section 42 of *The Adult Abuse Registry Act* for access to the Adult Abuse Registry

## Part 2 Information and Results

### SECTION A – Access by SELF-CHECK

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

Name		
Address	Apt. No.	
City	Province	Postal Code

Please note: Applications cannot be mailed to a third party (no exceptions)

### SECTION B – SUBJECT'S INFORMATION (to be completed by the person being checked) (PLEASE PRINT CLEARLY)

B-1 Name: \_\_\_\_\_  
Last Name First Name Middle Name (no initials)

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  Other

B-4 Current Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email (optional): \_\_\_\_\_

B-5 Historical address(es). Apart from your current address, list any addresses where you have lived in the past five years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B-6 IDENTIFICATION: To process your application, we require two valid pieces of government-issued identification. At least one must include your name, date of birth, signature, photo and an expiry date. A verified photocopy of the identification must be attached to this application.

Primary (photo) identification: \_\_\_\_\_ Secondary identification: \_\_\_\_\_

Type: \_\_\_\_\_ Type: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Identification Number: \_\_\_\_\_

B-7 I hereby authorize the Registrar of the Adult Abuse Registry to search the Adult Abuse Registry to determine if my name is listed on the Registry. I hereby give my consent to the Registrar to release this information to me, in writing, upon completion of Section C below.

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

### SECTION C – ADULT ABUSE REGISTRY RESULTS (to be completed by the Registrar of the Adult Abuse Registry)

#### Office Use Only

This is to certify that as of the date indicated in this section, the subject:

IS NOT listed on the Adult Abuse Registry

DATE: \_\_\_\_\_

IS LISTED on the Adult Abuse Registry

\_\_\_\_\_  
Registrar, Adult Abuse Registry or Designate

**Note:** The name of a young offender (under 18) may not appear on the Adult Abuse Registry due to the non-disclosure provisions of *The Young Offenders Act* or *The Youth Criminal Justice Act*.



# Application for an Adult Abuse Registry Self-Check (Mail)

Application pursuant to Section 42 of *The Adult Abuse Registry Act* for access to the Adult Abuse Registry

## Part 1 Notice of Collection & Consent to Disclosure of Information and Results

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### Notice of Collection

The Registrar of the Adult Abuse Registry is obtaining your personal information (including, if necessary for identification purposes, your Manitoba Health Personal Health Identification Number) described in Part 2 B so that the Registrar can conduct an Adult Abuse Registry check on you. The Registrar will also use this information to update the Adult Abuse Registry. The Registrar is collecting your personal information under the authority of paragraphs 36(1)(a) and (b) of *The Freedom of Information and Protection of Privacy Act* and your personal health information, if any, under the authority of subsection 13(1) of *The Personal Health Information Act*. Please note that you have a right to examine and receive a copy of any personal health information about you maintained by the Adult Abuse Registrar and to authorize another person to examine and receive a copy of this information. For any questions you may have about this collection of your information, or to examine or receive a copy of your personal health information, you may contact:

**The Adult Abuse Registrar  
Adult Abuse Registry Unit  
2<sup>nd</sup> Floor – 777 Portage Avenue, Winnipeg, MB R3C 4V7  
(204) 945-6967**

### Consent

I understand that the results of the Adult Abuse Registry check will disclose whether my name is listed on the Registry and that the Registrar 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 42 of *The Adult Abuse Registry Act*.

I understand that the Registrar will release no other information without my written consent unless the Registrar 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 Registrar and the disclosure of the results of the check, described in Part 2 C, by the Registrar to me.

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

DATE: \_\_\_\_\_ WITNESS'S SIGNATURE: \_\_\_\_\_

Note: Please see the application instructions for information regarding witness eligibility and identification verification.

## Information for Individuals Applying for a Self-Check Mail Adult 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



**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.