



Self Declaration of a Child Abuse Registry Record (Confidential)

STUDENT INFORMATION:

Mr. Mrs. Dr. Ms. Miss Last Name: _____
First (Given) Name: _____
Middle Name(s): _____ Preferred First Name: _____
Home Address: _____ City/Town: _____
Province: _____ Postal Code: _____
Day Phone: _____ Evening Phone: _____
E-mail: _____

CRIMINAL HISTORY:

Please check off the following statements that apply:

I am on the Child Abuse Registry. Yes No
I have outstanding child abuse charges in Manitoba and/or in any Canadian Jurisdiction. Yes No

Submission of false information will invalidate the application and result in immediate rejection of the application or expulsion if the applicant is in the program.

If you answered "yes" that you have are on the Child Abuse Registry and have outstanding child abuse charges, you will be denied admission an/or continuation in the program.

Signature _____ Date _____

SUBMIT TO:

Please complete and return Self-Declaration immediately:

Extended Education
Student Registration and Records
Applied Counseling Certificate Program
Rm. 166 Extended Education Complex
University of Manitoba
Winnipeg, MB R3T 2N2

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University to assist in the assessment of your application. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.