

Child Abuse Register Request for Search (Form A)

1 Will you have contact with children under age 16?

☐ Yes Complete this form. ☐ No Do not complete this form. We cannot search the register for your name.

We are authorized to search the Nova Scotia Child Abuse Register only if you have contact with children under the age of 16. Search results are for Nova Scotia only.

2 Give your personal information (please print)

Last name: _____ First name: _____
Middle names: _____ Last name at birth: _____
All other last names during your lifetime: _____
Commonly used names, nicknames, aliases: _____
Date of birth (dd/mm/yyyy): _____ Gender: ☐ Male ☐ Female ☐ Transgender
Health card number: _____ Drivers license master number: _____
Current mailing address: _____
Postal Code: _____
Phone numbers: Home _____ Cell _____
How long have you lived in Nova Scotia? _____ years _____ months

3 Attach photocopy to prove your identity

Include proof of your identity. Attach a photocopy of your valid Canadian: ☐ Driver's license or ☐ Health card
If you do not have proof of your identity, please contact us at the number listed at the bottom of this form.

4 Sign the request and certification

Please **confirm** that my name is not entered in the Nova Scotia Child Abuse Register. I **certify** that the information given on this form is correct.

Signature: _____ Date: _____

5 Send the form to us

Private and Confidential
Child Abuse Register
Department of Community Services
P.O. Box 696
Halifax, Nova Scotia B3J 2T7

We will send confirmation that your name does not appear on the register to the mailing address you gave above. You may share this letter with volunteer organizations and/or employers.

Questions? Call 902-424-6798

For staff use only

☐ As of this date, _____ the name of the above **HAS NOT** been entered in the Child Abuse Register.

☐ Consent withdrawn by applicant

Authorized signature: _____

Certified by the Department
of Community Services
Child Abuse Register
(stamp)

After the search is complete, I wish to have the results mailed directly to the STFX Service Learning Program. The school will provide the sealed envelopes directly to me.

STFX University, Attn Service Learning Program - Box 5000, Rm 209 – Immaculata Hall, Antigonish B2G 2W5

Date

Signature