

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

**1 Give your details** (please print)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Middle names: \_\_\_\_\_ Last name at birth, if different from above: \_\_\_\_\_

All other last names during your lifetime: \_\_\_\_\_

Commonly used names, nicknames, aliases: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Gender:  Male  Female

Health card number: \_\_\_\_\_ Drivers license master number: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

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

Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

How long have you been a resident of Nova Scotia? \_\_\_\_\_ years \_\_\_\_\_ months

Name of agency, organization or employer requesting this search: \_\_\_\_\_

**2 Give reasons for the search**

Describe the nature and extent of your contact with children. Note that the register contains names of persons convicted of an offense against a child, and persons found by a Nova Scotia family court to have abused a child. Search results are for Nova Scotia only.

\_\_\_\_\_  
 \_\_\_\_\_

**3 Attach photocopy to prove your identity**

Proof of identification must be included. Applications cannot be processed without a valid:  Driver's license or  Health card  
 If you do not have proof of identification please contact us at the number listed at the bottom of this form.

**4 Sign the consent and certification**

I give my **consent** for the Department of Community Services to disclose to the agency, organization, or employer requesting this search, 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 Return the form**

Return this form to the agency, organization or employer requesting the search. We will send confirmation that your name does not appear on the register to them.

**Questions?** Call 902-424-6798

<p><b>For staff use only</b></p> <p><input type="checkbox"/> As of this date, _____ the name of the above <b>HAS NOT</b> been entered in the Child Abuse Register.</p> <p><input type="checkbox"/> Consent withdrawn by applicant</p> <p>Authorized signature: _____</p>	
<p>Certified by the Department of Community Services                  Child Abuse Register                  (stamp)</p>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>