

CRIMINAL RECORD CHECK DECLARATION

In response to barriers created by the COVID-19 pandemic, the Manitoba College of Social Workers (“the College”) is temporarily accepting criminal record declarations *in the event that an applicant is unable to obtain the required record check* due to the suspension of the following police services:

- fingerprints
- Equifax verification
- RCMP detachment is closed and criminal record check services unavailable (applicants outside Capital region only)

I _____ declare that:

I was unable to obtain a formal criminal records check, including the vulnerable sector check, for the purpose of my application for registration with the College and **have attached supporting evidence** verifying the reasons why I was unable to do so.

I have no convictions for offences under the Criminal Code of Canada, up to and including the date of this Declaration.

I have no pardons that have been issued or granted under the Criminal Records Act (Canada).

OR

I have the following convictions for offences under the Criminal Code of Canada **including** any pardons under the Criminal Records Act (Canada) that have been issued or granted:

List of Offences:

1. Date: _____
Court Location: _____
Conviction: _____
2. Date: _____
Court Location: _____
Conviction: _____

(Attach additional page if necessary)

I understand and agree that my registration will be subject to a condition to submit my outstanding criminal record check, including the vulnerable sector check, within 6 months of the date of my application for registration. I understand that my criminal record check is valid only if dated within six (6) months from date of submission.

I understand and agree that if I do not submit my outstanding criminal record check, including the vulnerable sector check, by the deadline provided by the College, or if the content of this record check is inconsistent with the information provided on this declaration or otherwise not satisfactory

to the Registrar, my registration will be cancelled without further notice to me and I will be required to submit a new application for registration with the College.

I hereby attest that all the information provided on this form is accurate and correct. I understand false or misleading statements, representations or declarations relating to an application for registration or renewal of registration are cause for denial or revocation of registration with the College.

Name: _____
(please print)

Signature: _____ Date: _____

Please return this declaration to:

Manitoba College of Social Workers
101 – 2033 Portage Avenue
Winnipeg, MB R3J 0K6
Phone: 204-888-9477 Fax: 204-831-6359
Email: admin@mcsw.ca