

EMPLOYER CONFIRMATION FORM

Child Abuse Registry **SELF** Check

Adult Abuse Registry **SELF** Check

Criminal Record Check (including Vulnerable Sector Search)

PART I - Applicant's Consent to Release Information

I give my consent to the appropriate authority at my place of employment to release:

- Child Abuse Registry **SELF** Check
- Adult Abuse Registry **SELF** Check
- Criminal Record Check including Vulnerable Sector Search

PLEASE NOTE THAT THE COLLEGE CAN NOT ACCEPT AGENCY CHECKS (as per the Province of Manitoba's instructions)

First Name: _____

Last Name: _____

Signature: _____

Date: _____

PART II – Employer's Confirmation

The above-named individual has applied for registration with the Manitoba College of Social Workers. The applicant has requested your assistance in providing copies of the documents indicated above. Please complete the information below and return this form along with copies of the documents to the Manitoba College of Social Workers by fax (204) 831-6359 or by email to admin@mcsww.ca.

An Adult Abuse Registry **SELF** Check was completed within the last 6 months:

- Yes No If yes, please enclose a copy of the document

A Child Abuse Registry **SELF** Check was completed within the last 6 months:

- Yes No If yes, please enclose a copy of the document

A Criminal Record Check including a Vulnerable Sector Search was completed within the last 6 months:

- Yes No If yes, please enclose a copy of the document

Name: _____

Signature: _____

Organization: _____

Title: _____

Phone Number: _____

Date: _____