

Risk Management

Proper procedure for Child Abuse Registry
&
Criminal Record Checks



Step By Step Process

- Blank forms for the Child Abuse Registry Checks are now on the Hockey Nova Scotia website under Risk Management/Background Checks
- The association must perform a check on each volunteer that would have contact with a minor.
 - all coaches, assistant coaches and trainers
 - managers,
 - registrars,
 - on ice officials,
 - board executive.
- **There are 2 types of forms available.**
 - Form A is to be submitted by the individual, not the MHA. The results will be returned to the individual and must be forwarded to the HNS office.
 - Form B2's which are completed by the volunteer and returned to the MHA. MHA completes a Form B1 when submitting B2's to HNS or Community



Individual Search Form Type "A"

NOVA SCOTIA
Department of Community Services

**Child Abuse Register
Request for Search Form A**

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

1 Will you have contact with children under the age 16?

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

2 Give your personal information (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

3 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.

4 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.

5 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: _____

6 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)

www.gov.ns.ca/coms

FCS-601 06102008 V.02

Important: Must select "Yes" or the form won't be processed by Community Services

All personal information be filled in completely

Must attach a photo copy of a drivers license or health card.

State minor hockey association and volunteer position

Must be signed original

Mail form "A" and copy of I.D. here



Form B2- Consent to Disclosure

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

| |
|--|
| For staff use only |
| <input type="checkbox"/> As of this date, _____ the name of the above HAS NOT been entered in the Child Abuse Register. |
| <input type="checkbox"/> Consent withdrawn by applicant |
| Authorized signature: _____ |
| Certified by the Department of Community Services Child Abuse Register (stamp) |

Volunteer to complete in full

Volunteer must attach a copy of this/her drivers license or health card

State minor hockey association and volunteer position

Volunteer must sign here

This form is to be returned to the MHA or HNS to forward to Community Services in bulk. Note: Results are returned to the organization submitting the B1 Form.



CAR Form B1

(to be included when B1 forms are used)

NOVA SCOTIA
Department of Community Services **Child Abuse Register**
Request for Disclosure of Information Form B1

Name of MHA & Address

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)

Name of organization or employer: _____
Mailing address: _____ Postal code: _____
Phone number: _____

2 Attach consent forms

Attach a Consent to Disclosure of Information Form B2 from each person that you are requesting a search for in the Nova Scotia Child Abuse Register.

Number of Consent to Disclosure of Information Form B2 attached: _____

3 Sign the confidentiality agreement

I request confirmation that the people identified in the attached forms are not in the Nova Scotia Child Abuse Register. I agree that personal information contained in the consent forms will be kept in the strictest confidence. I understand that failure to maintain confidentiality may violate the Nova Scotia Children and Family Services Act, which may lead to a fine of up to \$5000 or imprisonment for up to a year, or both (Section 66(4) of the Nova Scotia Children and Family Services Act).

Name (please print): _____
Position or title (please print): _____
Signature: _____ Date: _____

4 Send the forms and attachments 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 the people identified in the attached forms do not appear in the register to the mailing address you gave above.

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.

Questions? Call 902-424-6798

Attach all the consent forms you will be submitting and put the total number here.

Your name, position and signature

Mail you completed B1 form and all the B2 forms to Community Services OR send to the Hockey Nova Scotia office, Attn. Risk Management.

Remember: If you mail directly to Community Services, you must send the results to HNS for processing.



Mailing Information

- The B2 forms should be collected by the Risk Management person in your association.
- Forms should be mailed in bulk to the Hockey Nova Scotia office or you can complete the B1 and submit the forms directly to Community Services.

It is important to note that if you complete the B1 and submit your forms directly to Community Services the results will be sent to you, not Hockey Nova Scotia. You will be responsible to forward the results to:

Hockey Nova Scotia

Attn – Christi Cooze

6300 Lady Hammond Road, Suite 200

Halifax, NS, B3K 2R6



Due Diligence

- **Under Regulation nine (900) of the Hockey Nova Scotia Constitution the following is very clear;**

The responsibility lies with the minor hockey association/team to ensure that all registered coaches, assistant coaches, managers and trainers have completed the screening processes as outlined by the HNS screening policy.



Criminal Records Checks

- Criminal records checks can only be done in the area that the person applying resides. (ex – if I live in Sydney I can't request a search in Halifax)
- The individual requiring the check must apply in person to the local detachment of the RCMP or Police.
- You must appear in person with 2 pieces of Gov't issued id and one must be photo.



HNS Info for Forms

- Forms DO NOT have to be signed by anyone from HNS. They must simply have the info on the office requesting the search, contact name and number.
- This field should read;

Agency / business requesting search - **Hockey Nova Scotia**

Contact Name – **Christi Cooze**

Telephone - **454-9400**



Criminal Records Check - Process

- Forms are unique to the detachment. Ex – HRM can only check HRM forms, Sydney can only be filled out on the form from the Cape Breton regional police form etc.
- Criminal record check letter of search results, is only sent to the person named in the search. It can not be sent to the HNS office etc.
(ex – search for C. Cooze, the only one who gets the results is C. Cooze)
- It is now the responsibility of that person to hand in their criminal record checks to their association risk management coordinator or delegate.



Criminal Records Check - Process

- The association Risk Management Coordinator will now send the original criminal record check, in bulk, to HNS at the following address:

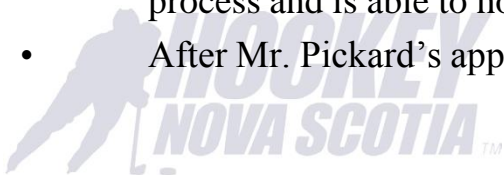
**Attn: Christi Cooze
Hockey Nova Scotia
6300 Lady Hammond Rd.
Suite 200
Halifax NS B3K 2R6**



Criminal Records Check - Process

Should there be any criminal record:

- A. A written letter or email stating the following;
 - Exact charges that you were charged with
 - What fines or jail time was served
 - The dates these events took place
 - What have you done to rectify the situation
 - State if you have requested your record of conviction through finger printing or not
- B. A record of Conviction – This document identifies the charges and convictions on your criminal record. It can be obtained from your local Police Department, RCMP and Provincial Court House in some cases.
- The charges will be reviewed by Ian Pickard on a case by case basis. All decisions by Mr. Pickard are final.
- Mr. Pickard's office will then send HNS a simple yes or no, if this individual has passed the screening process and is able to hold a volunteer position.
- After Mr. Pickard's approval, the CRC will be enter into the Hockey Canada Registry.



Contact Info

- Should you require any clarification or additional information, please feel free to contact.

Christi Cooze

Risk Management Coordinator

Hockey Nova Scotia

6300 Lady Hammond Road, Suite 200

Halifax, NS, B3K 2R6

(902) 454-9400

ccooze@hockeynovascotia.ca

