ADULT CRIMINAL RECORDS, CHILD ABUSE AND ADULT ABUSE REGISTRY INFORMATION

ADMISSION AND REGISTRATION

The appended self-declaration form must be completed and returned to the:
Admissions & Enrolment Services Administrator, College of Dentistry
D113 – 780 Bannatyne Avenue
Winnipeg, MB R3E 0W2 Canada

A. The College of Dentistry requires that all people *applying* to the College's education programs be required to submit the enclosed *Adult Criminal Records/Child Abuse and Adult Abuse Registry Self-Declaration* form prior to an interview being granted.

A signed self-declaration of previous adult criminal convictions will not necessarily preclude admission or registration. Learners are not required to disclose records under *The Young Offenders Act.* Any decisions with regard to criminal records will be made by a College Committee. This Committee will consist of the following: the Associate Dean (Academic), Chair of the Committee for Selection in Dentistry, and a student representative. However, applicants to the undergraduate dentistry program who have adult criminal convictions which indicate they may pose a threat to the safety and well-being of children and others, and applicants who appear on the Child Abuse Registry as an offender, will be denied admission and registration.

B. The College of Dentistry requires that all applicants *accepted* to the College's undergraduate dentistry programs:

1. must submit and be cleared on a formal *Criminal Records Check* (including vulnerable sector screening) by the time of their initial registration and subsequent annual re-registrations (e.g., April 01 for IDDP registrants, July 20 for Undergraduate Dentistry Programs and Dental Hygiene program, etc.) each year while in their particular program.

   The original documents must be verified by the particular Dental Admission Office after which they will be returned to the learner.

   Criminal Records Checks can be obtained from the Winnipeg Police Service, Public Safety Building, 151 Princess St., Winnipeg or: www.winnipeg.ca/police/bpr/info_request.stm#agencies or from your local law enforcement agency.

2. must submit and be cleared on a formal *Child Abuse Registry Check* by the time of their initial registration and subsequent annual re-registrations (e.g., April 01 for IDDP registrants, July 20 for Undergraduate Dentistry Programs and Dental Hygiene program, etc.) each year while in their particular program.

3. Must submit and be cleared on a formal *Adult Abuse Registry Check* by the time of their initial registration and subsequent annual re-registrations (e.g,. April 01 for IDDP registrants, July 20 for Undergraduate Dentistry Programs and Dental Hygiene program, etc.) each year while in their particular program.

4. The original documents must be verified by the particular Dentistry Education Office after which they will be returned to the learner.

   Child Abuse Self-Check and Adult Abuse Registry Checks can be obtained from Child Protection, 2nd floor – 777 Portage Avenue, Winnipeg or http://www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html

   Adult Abuse Registry checks can be obtained from Adult Abuse Registry Check, 1st floor – 777 Portage Avenue, Winnipeg, or http://manitoba.ca/fs/pwd/adult_abuse_registry.html

Please be advised of the following pertinent information.

1. Applicant learners who appear on the Child Abuse Registry and/or the Adult Abuse Registry as an offender, will be withdrawn from the particular undergraduate IDDP, Dentistry and Dental Hygiene diploma program.
2. The formal checks are the property of the learner and will be returned to the learner.
3. Any changes in a learner's status while in the College's dentistry/dental hygiene education programs **must be reported** to the appropriate Associate Dean or Director, who will then consult with the College committee described above.

ADULT CRIMINAL RECORDS AND CHILD ABUSE AND ADULT ABUSE REGISTRY SELF-DECLARATION FORM FOR APPLICATION FOR ADMISSION

This personal information is being collected under the authority of *The University of Manitoba Act*. It will be used for the purpose of assessing your application and communicating with you. The information will be kept strictly confidential within the College's Dentistry Education Offices and will be not become a part of your permanent record with the University. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of information contact the FIPPA/PHIA Coordinator's Office (tel. 204-474-8339), University of Manitoba Archives & Special Collections, 331 Elizabeth Dafoe Library, Winnipeg, MB, R3T 2N2.

PROGRAM (PLEASE CHECK ONE ONLY): _____ Undergraduate (DMD degree) _____ Undergraduate (IDDP)

_____ Dental Hygiene Diploma (DH)

Name _____ Date of Birth _____

Surname Given Name(s) Year/Month/Day

Other name(s) which you have used for any purpose _____

Address _____

Number and Street

_____

City/Town Province Postal Code

SELF-DECLARATION STATEMENT
I certify that:

1. My name does not appear on the Child Abuse Registry and/or the Adult Abuse Registry as an offender.
2. I have [___] or have not [___] been convicted of an offence under the Criminal Code, Controlled Drugs and Substances Act or Food and Drugs Act for which no pardon has been granted. Only adult criminal records must be reported.

<u>If you have been convicted of an offence as described above please explain using the space provided on the following form:</u>

Note: If you are presently charged with any offence pursuant to the Criminal Code, Controlled Drugs and Substances Act or Food and Drugs Act and are subsequently convicted, it is your responsibility to submit and report these changes to the appropriate Assistant/ Associate Dean or Director within the College of Dentistry.

Date:	**Signature:**

A signed self-declaration of previous adult criminal convictions will not necessarily preclude admission. However, applicants who have adult criminal convictions which indicate they may pose a threat to the safety and well-being of children and others will be denied admission. Applicants who appear on the Child Abuse Registry and/or the Adult Abuse Registry as an offender are not eligible for admission.

SUBMISSION OF FALSE INFORMATION WILL INVALIDATE THE APPLICATION AND WILL RESULT IN IMMEDIATE REJECTION OF THE APPLICATION OR EXPULSION FROM THE COLLEGE OF DENTISTRY.

Additional Information:

If you have been convicted of an offence as described above, you should elaborate in the space provided below with respect to:

- Where and when the offence(s) took place,
- The nature of the offence(s),
- The nature of any sentence (including time spent in prison, probation, community service, etc.),
- Whether you are still fulfilling the requirements of your sentence, and (if so) when those obligations will be completed.

Any other relevant information which may assist the College of Dentistry's educational programs in considering your application should be included. You may comment on the implications you perceive this has had on your decision to seek a professional career in Dentistry and Health Care. If you are unclear about what to declare here, that is, misdemeanors etc, please verify with your local police services.

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