



DEPARTMENT OF CHILD & FAMILY SERVICES CHILD ABUSE CLEARANCE REQUEST

Name of Agency & Administrator Requiring Child Abuse Clearance Information: _____

Agency Address & Contact Number: _____

Applicant: FULL NAME (Last, First, Middle)			
DOB	AGE	M/F	
Home Phone #	Cellular Phone #		

CURRENT ADDRESS

House #:	
Street:	
Parish:	
Postal Code	

PREVIOUS NAMES USED (INCLUDE MAIDEN NAME, NICKNAMES, ALIASES)

1.	
2.	
3.	
4.	

PREVIOUS ADDRESSES OVER LAST 10 YEARS (LOCAL AND OVERSEAS AS APPLICABLE)

1.	
2.	
3.	
4.	
5.	
6.	
7.	

HISTORY OF INVOLVEMENT WITH DEPARTMENT OF CHILD AND FAMILY SERVICES

Have you ever been reported to Child Protective Services for alleged child abuse, neglect or abandonment in Bermuda? Yes No

Incident(s)		Date of Incident	

Child Involved Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	
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PURPOSE OF CHILD ABUSE CLEARANCE (CHECK WITH AN 'X')

1.	Child Care Services Employee	
2.	School Employee	
3.	Employment with a significant likelihood of regular contact with children	
4.	Foster Care	
5.	Adoption	
6.	Volunteer with a significant likelihood of regular contact with children	
7.	Other: _____	

Please provide official photo identification of applicant with clearance request (Driver's license, passport, Employee Id with signature)

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct. I understand that the results of this investigation will be disclosed by the Department of Child & Family Services to the Agency/Administrator identified in this request.

In accordance with The Children Act 1998, Section 21 (1)(2) and Section 23(4)(a)(b) The Minister shall establish and maintain a Child Abuse Register. Upon the receipt of a request in writing from a person and with the written consent of the person to whom the request relates, the Minister may disclose information in the Register concerning—

(a) a person applying to adopt a child or to be a foster parent; or

(b) a person, including a volunteer, who is or would be caring for or working with children, and the person who receives the information shall treat the information as confidential.”

Applicant's Signature

Date

DO NOT WRITE IN THIS SECTION – FOR DEPARTMENT OF CHILD & FAMILY SERVICES USE ONLY

RESULTS OF CHILD ABUSE REGISTER CHECK

- Applicant **IS NOT** listed on the Child Abuse Register for conviction of Child Abuse or other offense against a child
- Applicant **IS NOT** subject to an investigation of Child Abuse/Neglect or other offense against a child with the Department of Child & Family Services
- Applicant **WAS NOT** subject to an investigation of Child Abuse/Neglect or other offense against a child with the Department of Child & Family Services

- Applicant **IS** listed on the Child Abuse Register for conviction of Child Abuse or other offense against a child
- Applicant **IS** subject to an investigation of Child Abuse/Neglect or other offense against a child with the Department of Child & Family Services
- Applicant **WAS** a subject to an investigation of Child Abuse/Neglect or other offense against a child with the Department of Child & Family Services

DATE OF INCIDENT

STATUS OF REPORT

1.

2.

3.

4.

OTHER RECOMMENDATIONS/DISPOSITION

Signature
Intake Supervisor

Date

Signature
Director of Child & Family Services

Date