## Completion of a Child Intervention Check from Child and Family Services is required as part of your employment.

Please use the following directions when submitting an email request for a Child Intervention Check:

- 1. The fillable form attached is to be completed and emailed by the prospective employee **printed** copies will not be accepted.
- 2. **As a separate attachment** (in the same email) it is required that you provide a coloured copy (black and white will not be accepted) of 2 pieces of government issued ID
- 3. **Email both attachments to** CS.IRCSouth@gov.ab.ca
- 4. You will receive an automated response from Child and Family Services when they receive your request forward that response email to human.services@horizon.ab.ca
- 5. When you receive the completed Child Intervention Check forward the email and password to human.services@horizon.ab.ca

February 7, 2024



## **Intervention Record Check**

The information you provide on this form is collected under the authority of the *Child*, *Youth and Family Enhancement Act* and managed in compliance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to search for an intervention record about you. We will not release this information for any other purpose. We will not release this information to anyone but you. You will need to provide a photo or scanned copy of your identification for verification purpose only. The copy of your identification will be deleted once the check is completed. If you have any questions about the collection of this information, you may ask the staff member who completed this form for you.

Alberta Children's Services Ministry <u>cannot ensure that the information on this form is reliable for screening an applicant for employment.</u>
The Ministry assumes no liability arising from using this information. Anyone using the information does so at their own risk and must consider all the information provided on the back of this form.

1				Person	al Information				
My na	ame is: legal i	name of person	requesting a record	d check (surname)	first name				middle name
My ad	ddress is:	(maili	ing address)			cit	ty		province
Posta	ostal Code Phone (Residence)			Phone (Wor	Phone (Work) Gen				Birthdate (mm-dd-yyyy)
Email	Address								
All oth	ner names I h	nave used are:	other (surname	and maiden name	s used)			first na	me
Name	s, birthdates o	of all my childre	en/children for who	om I have acted a	s a parent (not foster	children).(ii	f now an	adult, pro	ovide full name when a child)
	Child's Surname		Child's	Child's First Name C		Child's Middle Name Ch		Gender	Birthdate (mm-dd-yyyy)
	By clicking							,	
2	state that th	e information			ny knowledge as of		l.		Date (mm-dd-yyyy)
2	I am applying	a to work direc		•	ntervention Recorporation(s), and			about an	v record of mv
					dicates that I <b>might</b>				
Orgai	ganization Type of		Type of Position	e of Position Organiz		ition		Type of Position	
	I am applying for a residential facility licence or to work in a Child and Youth Facility as defined in the Child, Youth and Family Enhancement Act. I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the last five years I have resided in Alberta and								
	(name of any other province, territory, jurisdiction or country if applicable)								
	I reside with someone who is applying to provide care to a child who is in the care or custody of a Director as defined in the <i>Child</i> ,								
	Youth and Family Enhancement Act. I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the last five years I have resided in Alberta and								
	(name of any other province, territory, jurisdiction or country if applicable)  I am planning to become a to a child. I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the past five years I have resided in Alberta and								
									of my being involved ast five years I have
	(name of any other province, territory, jurisdiction or country if applicable)								
	I had a previ	ious Interventio	on Record Check o	-	e (mm-dd-yyyy)				
	l,	ant to be in	on Intervention 5	Doord Ob!	manloted in Allered	and are	,,		
	I,, hereby consent to having an Intervention Record Check completed in Alberta and any other province, territory, jurisdiction or country that I have listed above.						ni iei	Date (mm-dd-yyyy)	

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3	For Office Use Only										
Using	the names and birthdates you supplied	d:									
	As of today, I can find no Intervention Services record in Alberta indicating that you <b>might</b> have caused a child to need intervention.										
	As of today, I can find no Intervention Services record in Alberta or any other province, territory, jurisdiction or country listed above indicating that you <b>might</b> have caused a child to need intervention.										
	There is an Intervention Services record in Alberta indicating that you <b>might</b> have caused a child to need intervention.										
	There is an Intervention Services record in, indicating that you might have caused a child to need intervention. Below is a summary of your involvement up to today.										
4		Summary of I	nvolvement								
J	Enter Summary of Involvement										
	Enter Canimary of Involvement										
Name of Person who completed Intervention Record Check											
Name of Worksite											
Worksite Address											
		I									
City		Province	Postal Code	Office Phone Number							
	The photo or scanned copy of the identification of the applicant has been deleted.										
	By clicking this box I,,										
	state that the results of record check in this form is true to the best of my knowledge.										
	Date (mm-dd-yyyy) Signature										
	1		2.3an								

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