

Date: _____

Attention: Ontari	o Provincial Police Service	
RE: REQUES	ST FOR POLICE VULNERABLE SECTOR CHE	CK
As the authorize	d representative of St. Clair College responsible	e for the well- being of one or
more children or	vulnerable persons, in long-term care, acute ca	are, community care facilities,
childcare, dayca	re, or schools as defined in section 6.3(1) of the	e Criminal Records Act, I hereby
request that Ont	ario Provincial Police Service conduct a Police	Vulnerable Check, pursuant to
section 6.3 of the	e Act, with respect to the following individual. In	addition, vulnerable sector
screening is requ	uired, as the Advanced Medical Esthetics Practic	oner student may be accessing
client charts, and	I providing direct client care to children, and elde	erly patients.
☐ Paid Position Name:	□ Volunteer	Student/Other
Address:		
Date of birth:		_
Name/Title:	Corrin Primeau, Chair School of Nursing	
Signature		
Signature	Biagio Lattuca, Chair School of Community Studies B. Julius Dr. Stephanie De Franceschi, Chair School of Health	
Signature	Who Stochera Sestram che	
Agency:	St. Clair College 2000 Talbot Road West Windsor, Ontario N9A 6S4	