

Date: _____

Attention: Ontario Provincial Police Service

RE: REQEUST FOR POLICE VULNERABLE SECTOR CHECK

As the authorized representative of St. Clair College responsible for the well- being of one or more children or vulnerable persons, in long-term care, acute care, community care facilities, childcare, daycare, or schools as defined in section 6.3(1) of the Criminal Records Act, I hereby request that Ontario Provincial Police Service conduct a Police Vulnerable Check, pursuant to section 6.3 of the Act, with respect to the following individual. In addition, vulnerable sector screening is required, as the Cardiovascular Technology student may be accessing client charts, and providing direct client care to newborns, children, and elderly patients.

Paid Position		Student/Other
Name:		
Address:		
Date of birth:		
Name/Title:	Monica Staley Liang, Dean School of Health Scien	nces & Nursing
Signature	Hours Haley Trans	
	Biagio Lattuca, Chair School of Community Studie	es
Signature	3. Jattuo	
	Dr. Stephanie De Franceschi, Chair School of Hea	Ith Sciences
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Agency:	St. Clair College 2000 Talbot Road West Windsor, Ontario N9A 6S4	