

Date: _____

Attention: Ontario	Provincial Police Service	
RE: REQUES	T FOR POLICE VULNERABLE SECTOR CH	ECK
As the authorized	d representative of St. Clair College responsib	le for the well- being of one or
more children or vulnerable persons, in long-term care, acute care, community care facilities,		
childcare, daycar	re, or schools as defined in section 6.3(1) of the	ne Criminal Records Act, I hereby
request that Onta	ario Provincial Police Service conduct a Police	Vulnerable Check, pursuant to
section 6.3 of the	Act, with respect to the following individual. In	n addition, vulnerable sector
screening is requ	ired, as the Dental Hygiene student may be a	ccessing client charts, and
providing direct c	lient care to children, and elderly patients.	
☐ Paid Position Name:	☐ Volunteer	Student/Other
Address:		
Date of birth:		_
Name/Title:	Corrin Brimeau, Chair School of Nursing	
Signature		
Signature	Biagio Lattuca, Chair School of Community Stud	
Signature	Dr. Stephanie De Franceschi, Chair School of He	eaith Sciences
Agency:	St. Clair College 2000 Talbot Road West Windsor, Ontario N9A 6S4	