

Date: _____

Attention: Ontario	io Provincial Police Service	
RE: REQUES	ST FOR POLICE VULNERABLE SECTOR CHECK	
As the authorized	ed representative of St. Clair College responsible for the	e well- being of one or
more children or	r vulnerable persons, in long-term care, acute care, co	mmunity care facilities,
childcare, dayca	are, or schools as defined in section 6.3(1) of the Crimi	nal Records Act, I hereby
request that Onta	tario Provincial Police Service conduct a Police Vulner	able Check, pursuant to
section 6.3 of the	e Act, with respect to the following individual. In addition	on, vulnerable sector
screening is requ	uired, as the Respiratory Therapist student may be acc	cessing client charts, and
providing direct of	client care to newborns, children, and elderly patients.	
☐ Paid Position Name:	n ☐ Volunteer	Student/Other
Address:		
Date of birth:		
Name/Title:	Corrin Primeau, Chair School of Nursing	
Signature		
Signature	Biagio Lattuca, Chair School of Community Studies	
Signature	Dr. Stephanie De Franceschi, Chair School of Health Scie	ences
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Agency:	St. Clair College 2000 Talbot Road West Windsor, Ontario N9A 6S4	