

Date: _____

Attention: Ontari	o Provincial Police Service	
RE: REQEUS	ST FOR POLICE VULNERABLE SECTOR CHI	ECK
As the authorize	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 c	are, community care facilities,
childcare, dayca	re, or schools as defined in section 6.3(1) of th	e Criminal Records Act, I hereby
request that Onta	ario Provincial Police Service conduct a Police	Vulnerable Check, pursuant to
section 6.3 of the	e Act, with respect to the following individual. Ir	addition, vulnerable sector
screening is requ	uired, as the Respiratory Therapist student may	be accessing client charts, and
providing direct of	client care to newborns, children, and elderly pa	itients.
☐ Paid Position Name:	☐ Volunteer	Student/Other
Address:		
Date of birth:		_
Name/Title:	Monica Staley Liang, Dean School of Health Scien	ces & Nursing
Signature	Thomas Staley Trans	
Signature	Biagio Lattuca, Chair School of Community Studie Dr. Stephanie De Franceschi, Chair School of Heal	
Signature	al Stephene al Francisch	
Agency:	St. Clair College 2000 Talbot Road West Windsor, Ontario N9A 6S4	