



ST. CLAIR COLLEGE

Acknowledgement of Responsibility

Name of Program

Name of Student

Student Identification Number

As part of several of its academic programs, St. Clair College provides applied and clinical learning opportunities at various hospitals, healthcare facilities, and other community agencies/sites by partnering with those other institutions. As part of that applied or clinical learning environment, students may be exposed to people who are considered to be vulnerable. **St. Clair College's partners will require that police clearances must be obtained before students can be placed in these clinical and applied learning settings.**

1. The above-named student recognizes that obtaining the required police clearance (vulnerable sector) is an obligation for which the student is solely responsible and that a clear police record must be obtained to permit the student to participate in the clinical or applied learning experience.
2. The student acknowledges that owing to external factors, the obtaining of the appropriate police clearance may be delayed.
3. The student undertakes to pursue obtaining the appropriate police clearance with all due diligence and to obtain the police clearance prior to the start of the clinical experience and in accordance with any published or known deadlines.
4. Any cost associated with obtaining the police clearance or with any delay in obtaining the police clearance is the sole responsibility of the student.
5. The student absolutely states and represents that he or she has no criminal record or previous experience that would prevent the issuing of an incident-free police clearance.
6. The student understands and acknowledges that a failure to obtain the necessary police clearance will prevent the student from participating in the clinical/placement portion of the program and potential continuance in or graduation from the program and that he or she is solely responsible for this consequence.
7. The student acknowledges and warrants that he or she has read all parts of this agreement and fully understands its terms.

Signed this ____ day of _____, 20 __, at _____, Ontario.

Signature of Student

Signature of Witness

Printed Name of Student

Printed Name of Witness