



Date: _____

To: Hamilton Police Service

RE: REQUEST FOR POLICE VULNERABLE SECTOR CHECK

As the authorized representative of St. Clair College, that is responsible for the well-being of one or more children or vulnerable persons, in Long term Care; acute care and community care as defined in section 6.3(1) of the Criminal Records Act, I hereby request that the Hamilton Police Service conduct a Police Vulnerable Check, pursuant to section 6.3 of the Act, with respect to the following individual for the position of student nurse./PSW

Paid Position

Volunteer

Student/Other

Name: _____

Address: _____

Date of birth: _____

Name/Title: Linda Watson
Chair School of Nursing

Agency: St. Clair College
2000 Talbot Road West
Windsor, Ontario N9A 6S4

Signature: Linda Watson

Please refer to the *Police Record Check Agency Fact Sheet*, located on the Windsor Police Service website at: www.hamiltonpolice.on.ca for complete details on the Record Check Process.