

**STUDENT DECLARATION  
FOR CRIMINAL REFERENCE CHECK/VULNERABLE SECTOR SCREENING**

I \_\_\_\_\_ [print name], Student Number \_\_\_\_\_ am a student registered in the \_\_\_\_\_ program for [insert term and year] \_\_\_\_\_ at \_\_\_\_\_ [insert name of educational institution]. By signing this document I agree to the following statements:

1. I have been unable to obtain documentation for my PRCVSS as required for clinical/field placement in time for the term despite my best efforts to do so.
2. I have provided proof of my efforts and related communication with the Police Department to my Dean or his or her designate and to the Baycrest Department of Academic Education.
3. I know of no reason why I will not eventually receive a clear PRCVSS or not be eligible for clinical/field placement on this basis.
4. I will provide my educational institution's program coordinator and the Baycrest Department of Academic Education Room # 2N04 with the PRCVSS documentation immediately upon receiving it.

I understand that failure to provide documentation once I receive it or receipt of a PRCVSS that is not clear may result in my immediate withdrawal from the clinical/field placement at Baycrest. Students who do not have a satisfactory result will be considered on a case-by-case basis, in consultation with their educational institution.

Misrepresentations made by me on this declaration will be cause for the immediate termination of my clinical/field placement at Baycrest.

Student (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: (Dean/designate from educational institution)

\_\_\_\_\_ Date: \_\_\_\_\_