



As nursing students you undertake significant portions of your education in settings with exposure to vulnerable populations. At the time of admission, you were required to complete and submit the results of a Vulnerable Sector Police Record Check, which is on file at the School of Nursing Office. **As returning nursing students, you are required annually to complete, sign and return this form to your respective representative within the School of Nursing.**

CRIMINAL*

• Refers to an offence or charge under the Criminal Code of Canada, or under another Federal statute (which includes drug, tax, customs and military laws), or foreign equivalent.

Notice of Collection

Nipissing University respects your privacy. The personal information provided on this form will be used by the administrative and student service offices at the School of Nursing to administer your enrollment and program-related activities in the Nipissing University Bachelor of Science in Nursing Programs. The personal information provided on this form will only be used and protected in accordance with the Freedom of Information and Protection of Privacy Act.

SECTION 1: STUDENT INFORMATION

NU Student Number: _____ **Year of Study:** 1st 2nd
Last Name: _____ **First Name:** _____

SECTION 2: DISCLOSURE

1. Have you been convicted of a criminal offence in Canada or elsewhere for which a pardon has not been granted?

Yes No

If the answer to this question is “Yes”, please provide the following information for each charge:

(a) Name of offence; (b) Date and place of conviction; and (c) Sentence.

Attach it to this form and submit it in a sealed envelope marked **CONFIDENTIAL** to Baiba Zarins, Program Manager, BScN Scholar-Practitioner Program, Nipissing University.

2. Are there any criminal charges pending against you?

Yes No

If the answer to this question is “Yes”, please provide the following information for each offence:

(a) Name of offence, and details of charge.

Attach it to this form and submit it in a sealed envelope marked **CONFIDENTIAL** to Baiba Zarins, Program Manager, BScN Scholar-Practitioner Program, Nipissing University.

SECTION 3: CONSENT

If required by Nipissing University School of Nursing in its discretion, I hereby consent and agree to apply for and obtain an appropriate criminal record check at my expense, and provide the written results of such a criminal record check to the School of Nursing. I agree that the School, in turn, may be required to disclose the results of such a check to other institutions and organizations which are involved in my educational activities at the School.

Please note that the discovery that any information supplied on this form is false or misleading, or that any material information has been concealed or withheld may result in the revocation of registration in the NU School of Nursing BScN Scholar-Practitioner Program.

Signature of student: _____ **Date (mm/dd/yyyy):** _____