



School of Nursing
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**INTERIM CRIMINAL OFFENCE DECLARATION
 FOR LAKEHEAD UNIVERSITY NURSING STUDENTS**

Please print in ink using BLOCK capital letters (no pencil please)

LAST NAME:	FIRST NAME(S):
DATE OF BIRTH (yyyy/mm/dd):	STUDENT NUMBER:
HOME ADDRESS:	
REASON FOR OFFENCE DECLARATION: (under 18)	

I hereby solemnly declare that:

I have NO convictions under the *Criminal Code of Canada* (or the equivalent in another country), up to and including the date of this declaration for which a pardon has not been issued or granted. I have NO charges or convictions that are ongoing or have been withdrawn. I am not currently being investigated for any criminal offences.

OR

I have the following convictions for offences under the *Criminal Code of Canada* (or the equivalent in another country), for which a pardon under the *Criminal Records Act* has **not** been issued or granted

AND/OR I have the following charges that are ongoing or have been withdrawn

AND/OR I am aware that I am currently being investigated for the following a criminal offence(s).

Date of offence: (yyyy/mm/dd) _____

Charge/offence: _____

City: _____

I understand that providing incorrect or incomplete information may impede the ability to complete one or more nursing clinical placements and is a violation of Lakehead University's *Code of Student Behaviour and Disciplinary Procedures* subject to disciplinary action.

I confirm that I will promptly submit an application to obtain a complete Criminal Reference Check with Vulnerable Sector Screening as soon as it is possible. (e.g., upon 18th birthday).

DATED at _____ **this** _____ **day of** _____, **2** _____.

Signature: _____

Personal information on this form is collected under the authority of section 14 of *The Lakehead University Act* to expedite clinical placements of Nursing students. The information will only be used by and disclosed to individuals who need it to perform their duties in relation to the assignment of nursing placements to Lakehead University students and will be kept otherwise strictly confidential. Questions about this collection may be directed to the Director of the School of Nursing, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario P7B 5E1; telephone: (807) 343-8010 Ext. 8079.

PLEASE RETURN COMPLETED FORM TO SYNERGY WITH REQUIRED CLINICAL DOCUMENTS