

**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):	GENDER: Male Female (circle)
HOME ADDRESS:	
REASON FOR OFFENCE DECLARATION: (e.g. school placement)	

I hereby solemnly declare that (please check all applicable boxes):

I have NO convictions under the *Criminal Code of Canada* up to and including the date of this declaration for which a pardon has not been issued or granted under the *Criminal Records Act*. I have NO charges that are ongoing or have been withdrawn. I have NOT been convicted or been granted a pardon for any of the sexual offences that are listed in the Schedules to the *Criminal Records Act* and to my knowledge I have never been nor am I currently being investigated for any of the sexual offences that are listed in the Schedules to the *Criminal Records Act*. (If you have checked this box, please date and sign this form and return it to the appropriate school official.)

OR

I have the following convictions for offences under the *Criminal Code of Canada* 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AND/OR I have the following charges that are ongoing or have been withdrawn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 have been convicted or been granted a pardon for the following sexual offences that are listed in the Schedules to the *Criminal Records Act*

AND/OR I am aware that I am currently being investigated for the following sexual offences that are listed in the Schedules to the *Criminal Records Act*.

(If you have ever been charged or convicted of any criminal offence(s) for which you have not been pardoned or if you have been granted a pardon for any of the sexual offences that are listed in the Schedules to the Criminal Records Act, you must provide ALL details below). Use additional pages, if necessary.

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

Charge/offence: _____

Location: _____

Penalty/conviction: _____

I understand that providing incorrect or incomplete information may disqualify me from obtaining or continuing in nursing clinical placements and is a violation of Lakehead University's *Code of Student Behaviour and Disciplinary Procedures* and subject to disciplinary action. I confirm that I have already submitted a complete and formally valid application to the appropriate authorities for an official Vulnerable Sector Police Record Check which I will provide to Lakehead University's School of Nursing as soon as it is available.

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

Signature: _____ **Full name:** _____
(please print)

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) 343-8395.

PLEASE RETURN COMPLETED FORM TO: LAKEHEAD UNIVERSITY SCHOOL OF NURSING