INTERIM OFFENCE DECLARATION FOR MINORS
NURSING STUDENT DECLARATION FOR CLINICAL PRACTICE

PLEASE PRINT IN INK USING BLOCK CAPITAL LETTERS

LAST NAME (Parent/Guardian):	**FIRST NAME** (Parent/Guardian):
DATE OF BIRTH - Parent/Guardian (*YYYY/MM/DD):*	**Phone Number:**
LAST NAME (Student Participant):	**FIRST NAME** (Student Participant):
STUDENT NUMBER:	**DATE OF BIRTH - Student** (YYYY/MM/DD):

- I confirm the placement participant has 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*. *The placement participant has NO* charges that are ongoing or have been withdrawn. The placement participant has NOT been convicted or been granted a pardon for any of the sexual offences that are listed in the schedule to the *Criminal Records Act* and to my knowledge the placement participant has never been nor is currently being investigated for any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.
- I understand that failing to provide information or omission of facts would be considered an offence under the Academic Conduct Policy at Ontario Tech and will disqualify the placement participant from receiving credits for any course completed since the offence and will make the participant ineligible to continue as a student in the Collaborative Nursing Program.
- I consent to the release of this form to the placement agency in which the placement participant's clinical practice would be scheduled.

DATED at_____**this**_____**day of**_____.
(City/Town)

Signature:_____**Full Name:** _____
Parent/Guardian Signature **Please Print**

I CONFIRM THAT I AM THE PARENT AND/OR LEGAL GUARDIAN OF THE NAMED PARTICIPANT (WHO IS A MINOR) AND AS SUCH, I HAVE THE AUTHORITY TO SIGN THIS AGREEMENT.

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CURRENT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Witness Signature*:_____**Full Name:** _____
should be someone other than the student participant **Please Print**

Personal information on this form is collected pursuant to: *(i)* the *Freedom of Information and Protection of Privacy Act*, or the *Municipal Freedom of Information and Protection of Privacy Act;* and *(ii)* the *Personal Information Protection and Electronic Documents Act*, if applicable, for the pursuit of providing clinical practice experience through the Ontario Tech/Durham College/Georgian College Nursing Programs.