

# Applicant Declaration for Check Documents

Submit this form **within 30 days** of applying, or if you applied within 6 weeks of the program start date submit within 5 days.

**Complete and submit this form only. Do not submit your check documents at this time.**

<b>APPLICANT INFORMATION    Complete all fields</b>	
Last Name:	First Name:
Student #:	Program:
<b>I DECLARE I UNDERSTAND:</b>	
<p>I will be required to submit and I agree to submit original official check documents as listed in my program's progression requirements:</p> <ul style="list-style-type: none"> <li>• <b>ACRVS</b> - Adult Criminal Record Check including Vulnerable Sector Search</li> <li>• <b>CAR</b> - Provincial Child Abuse Registry Check</li> <li>• <b>AAR</b> - Provincial Adult Abuse Registry Check</li> </ul> <p>It is my responsibility to confirm which documents are required for my program. I <b>may not</b> be able to complete the academic program if I have a criminal record. I <b>will not</b> be able to complete the academic program if I am listed on either the Child Abuse Registry or Adult Abuse Registry. Work experience/practicum employers may have additional requirements I must meet. <b>The documents must be recent – see timelines indicated on page 2.</b> <b>I agree to begin the process of obtaining these documents as per the timeline indicated for my program on page 2.</b> I agree to submit the documents to the College when requested to do so. If my documents are not recent or if I do not obtain the documents it may result in a delay in my participation in the work experience/practicum course which may delay completion of and graduation from the program. I am responsible for any costs associated with obtaining these documents. Future criminal charges/convictions/registry listings obtained during my time in the program will necessitate an automatic review of my status in the program. My documents will be reviewed by program staff, and <b>should the documents indicate I have a criminal record I understand:</b></p> <ul style="list-style-type: none"> <li>• I am responsible for submitting an Official Criminal Record Transcript.</li> <li>• My documents will be reviewed by the College's Criminal Record Check Committee (CRCC). The CRCC will determine my eligibility or ineligibility to participate in the work experience/practicum course or the program.</li> <li>• If it is determined I am eligible to participate in the work experience/practicum course and the program, the College cannot guarantee my criminal record will not affect my future employment, certification, or licensing opportunities.</li> </ul> <p>If it is determined I am ineligible to participate in the program or work experience/practicum course due to a criminal record or abuse registry listing:</p> <ul style="list-style-type: none"> <li>• I will not be able to complete the program and may be required to withdraw from the program prior to completing theory courses.</li> <li>• I will not graduate.</li> <li>• I will not be eligible for a refund outside of normal College refund policies.</li> </ul>	
<b>APPLICANT SIGNATURE</b>	
Signature:	Date:

## Student Service Centres

Notre Dame Campus  
D101-2055 Notre Dame Ave., Winnipeg, MB R3H0J9  
P:204.632.2327 | F:204.697.0584

Exchange District Campus  
P104-160 Princess St., Winnipeg, MB R3B 1K9  
P:204.632.2327 | F:204.949.9105

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## HOW TO SUBMIT THIS FORM

### Upload Through Your Future Student Account

- Scan your signed and dated form and save the file
- Go to [www.rrc.ca/apply](http://www.rrc.ca/apply) and log in
- Click on your application, then Supplemental Items & Documents
- Find the Applicant Declaration for Check Docs item - click on Browse
- Find the file you saved and double click on it
- Click on Upload. The status should read Received

### Fax

Fax your signed and dated form to **204-697-0584** or your nearest [Regional Campus](#)

### Mail or In-Person

Submit your signed and dated form to **one of the Student Service Centres** listed below or your nearest [Regional Campus](#)

PROGRAM	REQUIREMENTS			START OBTAINING DOCUMENTS	DEADLINE TO SUBMIT TO RRC
	ACRVS	CAR	AAR		
Bridging Pathway for Internationally Educated Nurses	Yes	Yes	Yes	<b>3 months prior to start of classes (no earlier)</b>	Prior to registration into clinical/practicum placement and/or term 2
Health Care Aide	Yes	Yes	Yes		
Power Engineering – 5 <sup>th</sup> Class	Yes	Yes	Yes		
ASL and Deaf Studies – American Sign Language-English Interpretation Program	Yes	Yes	Yes	<b>3 months prior to start of classes (no earlier)</b>	Prior to registration into Work Integrated Learning
Disability and Community Support	Yes	Yes	Yes		
Early Childhood Education	Yes	Yes	No		
Early Childhood Education – Workplace	Yes	Yes	No		
Child and Youth Care	Yes	Yes	Yes	<b>2 weeks prior to start of classes (no earlier)</b>	Prior to registration into Work Integrated Learning
Nursing	Yes	Yes	Yes	<b>6 months prior to start of classes (no earlier)</b>	Within the first month of classes
Nursing – LPN to BN Pathway	Yes	Yes	Yes		
Medical Laboratory Sciences	Yes	Yes	Yes	<b>3 months prior to start of classes (no earlier)</b>	First week of classes
Medical Radiologic Technology	Yes	Yes	Yes		
Business Technology Teacher Education	Yes	Yes	No	<b>3 months prior to start of classes (no earlier)</b>	Prior to registration into certain courses or clinical/practicum placement and/or term 2
Diagnostic Cardiac Sonography – Echocardiography	Yes	Yes	Yes		
Diagnostic Medical Sonography – Ultrasound	Yes	Yes	Yes		
Industrial Arts/Technology Teacher Education	Yes	Yes	No		
MRI and Spectroscopy	Yes	Yes	Yes		
Paramedicine – Advanced Care Paramedicine	Yes	Yes	Yes		
Paramedicine – Primary Care Paramedicine	Yes	Yes	Yes		
Property and Casualty Insurance	Maybe	No	No		
Technical Vocational Teacher Education	Yes	Yes	No		
Educational Assistant	Yes	Yes	No	<b>After you start attending classes</b>	Prior to registration into certain courses or clinical/practicum placement
Health Information Management	Yes	Yes	Yes		
Health Unit Clerk	Yes	Yes	Yes		
Legal Assistant	Yes	No	No		
Library and Information Technology	Yes	Yes	No		
Medical Device Reprocessing Technician	Yes	Yes	Yes		
Nurse Prescriber	Yes	Yes	Yes		
Registered Nurse Refresher	Yes	Yes	Yes		
Therapeutic Recreation Facilitator for Older Adults	Yes	Yes	Yes		

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