

- Seneca's Medical Form completed by the student's physician
- Field Placement request Forms
- Freedom of Information Form
- Police Reference Check
- WSIB - Ministry of Education Work/Education Placement Form
- Standard First Aid/Basic Rescuer - Level C CPR
- Code of Conduct

ECE REQUIRED DOCUMENTATION

In order for students to complete the required assignments in ECE, they must have the following documentation. This documentation is time-sensitive and must be renewed as required. Students will need to provide proof of the current documentation to the Seneca instructor by the third week of classes in order to carry out assignments needed in a child care facility.

A. Current Vulnerable Sector Police Check

The check can be obtained through direct application to your local police force. Some police forces require you to obtain a pre-authorized form from Seneca. If this is the case, please pick one up at Part-time Studies or email your coordinator.

B. Seneca Medical Form

This is a Seneca college requirement. This form must be current (within one year) and signed by a medical doctor indicating that you are free of communicable disease. **Seneca students cannot access a child care centre without this completed medical form even if the centre does not require it.**

C. Authorization to Release Information

D. Current First Aid/CPR

CPR-C is required to be current for entry into a field placement. Seneca offers first aid/CPR-C in the course CPR911. Please see the FCET calendar for dates and times offered. If you choose to take the first aid/CPR at another facility it must be a Level C. Upon completion, you will need to provide a copy of the card or certificate with an expiry date.

Please e-mail Georgette.Bigelow@senecacollege.ca or Dedra.Profitt@senecacollege.ca if you have any questions.

A. VULNERABLE SECTOR POLICE RECORD CHECK.

YOU will need to apply directly to your LOCAL police force for a police check. This process can take up to twelve weeks to complete. Please consult your local police website (see below) or go to the local police station for a form.

Some police forces require a signature from a college representative on the form. In this case, please pick up a pre-signed form at Part-time Studies.

Toronto Metro Police: <http://www.torontopolice.on.ca>

York Region Police: <http://www.police.york.on.ca>

Durham Police: http://www.drps.ca/internet_explorer/index.asp

Peel Police: <http://peelpolice.on.ca>

B. SENECA MEDICAL FORM

INDICATE IF YOU ARE A PART-TIME STUDENT OR A FULL TIME STUDENT

TO BE COMPLETED BY PHYSICIAN				
Name of Student		Student Number		Date of Birth (Y/M/D)
Mantoux Skin Test	Date given Year/Month/Day	Date Read 48 - 72 h from testing	Induration	
Baseline 2 Step Mantoux Step 1				
Step 2 Within 7 days - 1 year of Step 1				
Step 1 Required Annually				
Step 1 Required Annually				
If TB positive			Date & Result	
Chest X-Ray Every 2 years				
Chest X-Ray Every 2 years				
Doctor's Note Annually If TB positive			Signature & Date	
Student is free from signs and symptoms of active tuberculosis				
Student is free from signs and symptoms of active tuberculosis				
Immunization	Dose 1 Date given	Dose 2 Date given	Booster dose Date given	Immune Yes/No/Indeterminate
MMR Measles, Mumps, Rubella				
Varicella Chicken Pox				
Immunization	Date Primary Series Completed		Date of Last Booster	
Polio				
Immunization	1st vaccination date	2nd vaccination date within 1 month of 1st	3rd vaccination date 5 months after 2nd dose	
Hepatitis B 1st series				
Hepatitis B 2nd series Repeat if not immune				

C. AUTHORIZATION TO RELEASE INFORMATION

Please complete and return to the Seneca instructor:

**Seneca College of Applied Arts and Technology
Faculty of Continuing Education and Training
Authorization to Release Information**

In accordance with the Freedom of Information and Protection of Individual Privacy Act, I hereby authorize:

The Faculty of Continuing Education and Training to release information concerning my previous field placement to agencies in which I may be placed for field placement experience.

The Faculty of Continuing Education and Training to release copies of my Health Record to agencies in which I may be placed for field placement experience.

The Faculty of Continuing Education and Training to collect information concerning my field placement record from agencies in which I am placed for field placement.

Agencies in which I am placed for field placement to disclose information concerning my field placement record to the Faculty of Continuing Education and Training.

I understand that this authorization will remain in effect during my active enrolment in the

Program Name

Student Number

Name (please print)

Date

Signature