

School of Medicine, Queen's University
Criminal* Record Disclosure and Consent Form
for Visiting Medical Elective Students from outside Canada

As a visiting medical elective student you undertake significant portions of your education in settings with exposure to vulnerable populations. As such, Queen's University, School of Medicine, requires the Criminal Record and Disclosure and Consent Form to be signed before undertaking a clinical placement at our institution. This form must be completed as part of the visiting electives application process and your elective will not be officially confirmed until this form has been completed and submitted to medelect@queensu.ca.

Student Name	Home Institution	Year of Study

Disclosure:

1. Have you been convicted of a criminal* offence in Canada or elsewhere for which a pardon has not been granted?

- Yes
 No

If the answer to this question is "Yes", please provide the following information for each charge by email to medelect@queensu.ca:

- (a) Name of offence
(b) Date and place of conviction
(c) Sentence

2. Are there any criminal* charges pending against you?

- Yes
 No

If the answer to this question is "Yes", please provide the following information for each offence by email to medelect@queensu.ca:

- (a) Name of offence, and details of charge including the country or state in which the charge is pending.

Consent:

If required by Queen's School of Medicine in its sole discretion, I hereby agree to apply for and obtain an official criminal record check in Canada and/or elsewhere at my expense, and to provide the written results of such a criminal record check to the School visiting electives office. I understand that the School may be required to disclose the results of such a check to other institutions and organizations, which are involved in my elective activities at Queen's University and by my signature below I expressly consent to such disclosure.

Date: _____ Signature: _____

**For the above, "criminal" refers to an offence or charge under the Criminal Code of Canada, or under another Federal statute (which includes, but is not limited to, drug, tax, customs and military laws), or foreign equivalent.*

Please note that the discovery that any information supplied on this form is false or misleading, or that any material information has been concealed or withheld may result in the revocation of your elective and the loss of any associated application fees.

The information obtained through this form shall be used only for the purpose(s) for which it is collected.