



Personal Declaration for a Student's Fitness to Practice

(Note: Please submit this completed form to the Work Integrated Learning Coordinator or person responsible for this function in your program area)

I, _____, do declare my fitness as per the Fitness to Learn and Practice procedures. The Student Rights and Code of Conduct Policy defines Fit as being mentally and physically able to perform one's duties and meaningfully participate in learning activities without endangering property or the safety of any person, including oneself (page 2, SRCC Policy).

I am aware that, when presenting myself to class or a work integrated learning placement, I am declaring my fitness to practice to my instructor.

Should I develop a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that detrimentally affects, or is likely to detrimentally affect, my capacity to undertake safe, competent practice at any time after the making of this declaration, I will immediately inform my instructor.

I will notify the College of any protected grounds that affect my fitness and require accommodation. I will participate and cooperate in the accommodation process. I will provide the College with sufficient information to understand the accommodation requested, which may include medical documents that outline my restrictions and limitations.

I understand that I may need to provide further documentation such as a medical clearance if I have been previously unfit for practice.

If applicable, I have read and am aware of the degree of fitness that is required for the Work Integrated Learning setting (additional information to be provided by the academic program area)

_____ INITIALS

If you are unable to initial at this time, please connect with your Academic Centre or Support Service to discuss.

POLICE INFORMATION CHECK (as applicable)

I, _____, acknowledge that if, during my program, I am charged or convicted of a criminal offence, it is my obligation to inform the Associate Dean, or the appropriate department contact as soon as possible.

_____ INITIALS

Name: (print) _____ **LC Student ID Number:** _____

Signature: _____ **Date:** _____