



Police Foundations

Dear Police Foundations Student,

Congratulations and welcome to Northern College! I am quite pleased to welcome you to the Police Foundations program. Emergency Services education is challenging but we are looking forward to helping you reach your academic and career aspirations. To this end, please review the enclosed information in order to prepare for your classroom experiences, laboratory sessions and clinical placements. There are a number of items that require your attention, many of which must be completed prior to beginning your studies. A detailed checklist is provided in this document package.

Experience has shown that the first few months of achievement in Emergency Services programs are critical to the success of each and every student. To assist with your preparation for entry, join us for orientation.

Orientation information and schedules will be posted on the Northern College website in August.

You will also need to purchase a uniform and shoes valued at approximately \$930.00. **Please refrain from purchasing these items** until after the program orientation in September as additional details will be presented at that time.

Once again, welcome to Police Foundations program at Northern College. If we can be of assistance in any way, please do not hesitate to contact us. We are looking forward to meeting you during the orientation session.

Sincerely,

Rick Lemieux, Program Coordinator
705.235.3211 ext. 2143
lemieuxr@northern.on.ca



Police Foundations

The following chart details the requirements for the Police Foundations program by semester, including deadlines for submission.

Occasionally an agency may request items that are not contained in this list. Please be aware that delays in obtaining requested information will invariably result in delays in placement start times and could jeopardize student success and/or lead to delays in eligibility for graduation and provincial qualifying exams.

Police Foundations Student Clinical Requirements Checklist

Student Name: _____

Student Number: _____

_____ Par-Q+ Certificate

_____ WHMIS Certificate

_____ AODA Certificate <http://northernc.on.ca/aoda-training/>

_____ Worker Health & Safety in 4 Steps
<https://www.labour.gov.on.ca/english/hs/elearn/worker/foursteps.php>

***** Please ensure that you keep your originals/photocopies of requirements as instructed.**

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- ☐ I am completing this questionnaire for myself.
- ☐ I am completing this questionnaire for my child/dependent as parent/guardian.

YES	NO	PREPARE TO BECOME MORE ACTIVE
✓	✓	The following questions will help to ensure that you have a safe physical activity experience. Please answer YES or NO to each question <u>before</u> you become more physically active. If you are unsure about any question, answer YES .
1	1	Have you experienced ANY of the following (A to F) within the past six months ?
A	A	A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
B	B	A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
C	C	Dizziness or lightheadedness during physical activity?
D	D	Shortness of breath at rest?
E	E	Loss of consciousness/fainting for any reason?
F	F	Concussion?
2	2	Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?
3	3	Has a health care provider told you that you should avoid or modify certain types of physical activity?
4	4	Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?
	 ➤ NO to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY ➤
		YES to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ... ➤➤

ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)? DAYS/
WEEK
- 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity? MINUTES/
DAY

For adults, please multiply your average number of days/week by the average number of minutes/day: MINUTES/
WEEK

Canadian Physical Activity Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see csep.ca/guidelines).



GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.



DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.

If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- ☐ I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- ☐ I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.



Name (+ Name of Parent/Guardian if applicable) [Please print]

Signature (or Signature of Parent/Guardian if applicable)

Date of Birth

Date

Email (optional)

Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- ☐ Check this box if you would like to consult a QEP about becoming more physically active.
(This completed questionnaire will help the QEP get to know you and understand your needs.)