



Correctional Services Recruitment Unit

FITCO Participant Performance Declaration

Instructions: Please complete on the date of your test. Read and complete section A and if necessary section B.

SECTION A: (to be completed by participant)

Surname _____ First Name _____ Test Site _____

1. Are there any factors which you feel may affect your ability to perform the FITCO today?

☐ No ☐ Yes - If you answered yes to the question, please provide an explanation:

2. Have you attended a FITCO Practice and Familiarization session prior to your testing today?

☐ No ☐ Yes - If you answered yes, approximately how many sessions? _____

3. Have you received any training advice/information via email through the Occupational Health and Fitness Department at the Correctional Services Recruitment and Training Centre?

☐ No ☐ Yes

I am aware that the information provided above will be reviewed by the person conducting the FITCO and/or by a representative of the Ministry of the Solicitor General. My signature, below, acknowledges that I understand and consent to, this disclosure and use of information:

Signature of applicant

Date

SECTION B: To be completed by candidate and appraiser when candidate has responded "Yes" to question 1 above. (DO NOT COMPLETE if response is "NO" to question 1 above)

☐ After discussing my circumstances, outlined above, with the Appraiser, I have decided to continue with the testing process today. I have made this decision freely and voluntarily, after being informed that I may participate in the testing on another date, at my option, without penalty or adverse consequence. I understand that the results of the testing which will be performed today will become part of my application file and will be available to the Ministry of the Solicitor General.

☐ After discussing my circumstances with the Appraiser, I have chosen not to participate in the FITCO today.

Signature of Applicant

Witnessed (must be Appraiser)

Date

Name of Appraiser (please print)