



STUDENT REGISTRATION  
 Onyfix & Podoexpert Certification

Whole Health Care  
 257 Seymour Street, Kamloops, BC V2C 4H6  
 Office: 250.819.1632  
 Email: admin@whckamloops.ca

STUDENT INFORMATION		
Name (as you would like to appear on certificate):		
Mailing Address:		
City:	Province:	Postal Code:
Phone:	Alternate Phone:	
Email:		
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> RN <input type="checkbox"/> LPN	Glove Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	
PROGRAM INFORMATION		
Program: <b>Onyfix &amp; Podoexpert Certification Workshop</b>	Duration: 6.5 hours	
Workshop Date: _____, 2024	Language of Instruction: English	
Program Delivery: On-site	Credential Issued on Graduation: <input checked="" type="checkbox"/> Certification	
STUDENT DECLARATION		
<p>I DECLARE THAT:</p> <ul style="list-style-type: none"> <li>• I have read, understood, and agreed to the terms and conditions of this enrolment contract;</li> <li>• I have received a signed copy of this contract;</li> <li>• I have met all program requirements;</li> <li>• I have read, understood, and agreed to the institution’s following documents and a copy has been provided to me:               <ul style="list-style-type: none"> <li>▪ Admissions Requirements</li> <li>▪ Privacy Policy</li> <li>▪ Confidentiality Policy</li> </ul> </li> <li>• The information provided is true and accurate and I am 19 years of age or older. This contract is legally binding when signed by the student and accepted by Whole Health Care.</li> </ul>		

x \_\_\_\_\_

\_\_\_\_\_ Date

Student Signature

WHOLE HEALTH CARE DECLARATION
<i>Whole Health Care agrees to deliver the program according to the terms of this contract. Whole Health Care certifies that the student has met the admission requirements for the program of study.</i>

\_\_\_\_\_  
 Whole Health Care Representative

\_\_\_\_\_  
 Position Title

x \_\_\_\_\_  
 Signature of Representative

\_\_\_\_\_  
 Date

#### PROGRAM ADMISSION REQUIREMENTS

- Students must be a Foot Care Nurse (FCN) – please provide a copy of your BCCNM registration and FCN certificate of completion
- **Full payment must accompany all student applications: \$917.70 CAD including GST**
- Whole Health Care reserves the right to cancel programs due to unavailability of instructors, facilities, or insufficient enrolment

#### PRIVACY POLICY

*Under the Personal Information Protection Act, students are entitled to access their student file. The personal information collected will only be used for the purpose for which it was originally collected or for a use consistent with that purpose unless the student consents otherwise.*

#### CONFIDENTIALITY POLICY

- Confidentiality is the legal, ethical, and professional duty of all Whole Health Care students. All information generated within Whole Health Care's training programs is private, for the purpose of providing patient, resident, and client care, and for the continuation of the company, Whole Health Care. For such information to be deemed confidential it conforms in some way to the principles laid out in this definition of confidentiality:
  - *Containing information whose unauthorized disclosures could be prejudicial to the interests of Whole Health Care, and/or its facilities or programs, and/or individuals in or associated with Whole Health Care – such information is protected under the Freedom of Information and Protection of Privacy Act and Section 51 of the Evidence Act.*
- Students agree that in the performance of responsibilities and duties as a student, all individual patient, resident, client, familial, personnel or in-camera organizational information to which I may have access or learn from is confidential.
- All program materials are for personal reference only. Students agree to not alter, copy, nor interfere with such information except upon authorization from Whole Health Care, and in accordance with established policy.