



# Durham School of Health and Nutrition

## Student Registration Form (2016)

Student Number: \_\_\_\_\_

Start Date: \_\_\_\_\_

### **PERSONAL INFORMATION**

Given Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ PC: \_\_\_\_\_ Referred by: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

### **MEDICAL HISTORY (Include allergies)**


**IN CASE OF EMERGENCY**

1. Contact: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

2. Contact: \_\_\_\_\_ Phone# \_\_\_\_\_  
 Relationship \_\_\_\_\_

3. Contact: \_\_\_\_\_ Phone# \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**EDUCATION**

Name & Location of Institution	Certificate/Diploma/Degree (Name of Program)	Year	
1.		<b>From:</b>	<b>To:</b>
2.			
<b>Transferring credits:</b>			

**PROGRAM ENROLLMENT AND PAYMENT PLAN OPTIONS**

<b>Program Options(Choose program)</b>		
<b>Virtual Classroom</b> <ul style="list-style-type: none"> <li>• Nutritionist (1 yr)</li> <li>• Applied Herbalist (4 months)</li> </ul>	<b>Fast Track – 10 months</b> <ul style="list-style-type: none"> <li>• Nutritionist</li> <li>• Combined Nutritionist Herbalist Program</li> </ul>	<b>Correspondence</b>
Plan A – 1 Payment in full		
Plan B – 4 Payments	Deposit plus 3 equal payments	Registration plus tuition/course
Plan C – 8 Payments		
Plan D – See Director		

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**Payment Method** (Choose preferred method of payment)

<input type="checkbox"/> <b>ONE-WEEK COMPREHENSIVE TRAINING (FIELD STUDY)</b> <input type="checkbox"/> <b>ONE-MONTH MEDICAL MISSIONARY TRAINING</b> <b>Please see director for details.</b>
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Registration Fee: \$150 Non-refundable Submitted with application	Deposit: \$350 – Virtual &Fast Track Programs, Non-refundable, Submitted with application
Method of Payment: 1) Cash: Amount enclosed ____ (Do NOT send cash in the mail) 2) Cheque: ____ Payable to: <i>Durham School of Health &amp; Nutrition</i> 3) Credit Card 4) E-transfer funds by email to: <a href="mailto:info@dshneducation.com">info@dshneducation.com</a>	

**TERMS OF AGREEMENT**

**Declaration:** I hereby certify that all statements are true and complete to the best of my knowledge. I understand all the terms and policies of this program and hereby agree to participate freely in all activities.

I understand that any misrepresentation of information could result in cancellation of my application or registration from the program. I understand that the training provided by DSHN is for educational purposes to improve my understanding of nutritional science for holistic development and is not intended for the purpose of diagnosing or treating diseases or offering medical advice.

**Waiver of Release:** I release Durham School of Health and Nutrition, its organizing officials, instructors, advertisers/publishers, and/or the facilities where the program is held from all claims, damages, and liabilities arising from my participation in any of its programs.

**Privacy Policies:** Durham School of Natural Nutrition gathers and maintains information for the purpose of administration and other activities related to being registered into the program. The information is protected by Ontario’s Federation of Information and Protection of Privacy Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**ADMINISTRATION**

**Approved by:** \_\_\_\_\_

**Office of the Registrar** \_\_\_\_\_

**Office of Administration** \_\_\_\_\_

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