

APPLICATION & REGISTRATION Contemplative End of Life Care

Applications are reviewed on an ongoing basis. Applicants are strongly urged to submit application materials as early as possible due to limited class size. Incomplete applications will not be considered.
Please contact ITM if you require any assistance with this application.

Date of application: ____ MM / DD / YYYY ____

Personal Information

First Name: _____ Last Name: _____

Birth Date: _____ MM / DD / YYYY Gender: Female Male Other

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

Telephone #: Cell _____ Home: _____ Email Address: _____

Citizenship: Canadian Citizen Landed Immigrant Visa Student Other _____

Educational Background: List all formal academic training.

<u>Dates Attended</u>	<u>School Name</u>	<u>Area of Study</u>	<u>Qualifications/Diploma/Degree Achieved</u>
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Related Training: Indicate previous training related to end of life care.

<u>Dates of Training</u>	<u>Location/City</u>	<u>Type of Training</u>	<u>Instructor Name</u>	<u>Qualifications Achieved</u>
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Work History: Indicate your work experience for the last five years

<u>Dates of Training</u>	<u>Location/City</u>	<u>Employer</u>	<u>Job Title, Responsibilities</u>
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APPLICATION & REGISTRATION

Contemplative End of Life Care

Financial Situation: *Briefly explain how you will finance your tuition.*

Additional Information: (So that we may best support you in the training, please answer the following)

Have you ever been convicted of any crime? No Yes (if yes, please include details)

Have you ever been diagnosed with any contagious diseases in the past two years? No Yes (if yes, please include details).

Have you ever been diagnosed with any mental health conditions in the past? No Yes (if yes, please include details).

Emergency Contact Information:

Contact Name: _____ Relationship: _____

Phone #: Cell: _____ Home/Work: _____ Email: _____

Personal Letter of Intent. *On a separate page, please discuss the process and experiences that have led to your interest in the CEOLC Program. Please limit the essay to one page.*

Please send complete applications & registration forms to: info@itmworld.org

*All fees, terms, courses and policies are subject to change without notice.

**All materials filed during this application process become part of your permanent, confidential record and will not be returned.*

Declaration:

I hereby attest that all statements on this application form and enclosed documents are true and complete in all respects, and no relevant information has been withheld. I agree and abide by the policies, rules and regulations of the Institute of Traditional Medicine.
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Signature of Applicant

Date

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Payment Options

1. 1 payment of \$1800 (+HST (\$234) = \$2034). Due by July 1, 2018
2. 1 payment of \$1950 (+HST (\$253.50) = \$2203.50). After July 1, 2018
3. 4 Installments of \$512.50 (+HST (\$66.63) = \$579.13). On the first of the month. Last installment due by Sept. 1, 2018

Refund Policies & Cancellations

For any students/participants who wish to withdraw or cancel enrolment in the program or any classes, formal written notice must be given to the Director of the Institute. Students are not eligible for any refunds without formal written notice.

*No refunds are given for the first weekend training.

Refunds for withdrawals or cancellations prior to the commencement of the program:

A) Full tuition is refunded less a \$250 administration fee if notice is received within 30 days of acceptance to the program or at least 120 calendar days before the program start date. *No refunds for Weekend I.

B) Subject to A, the full tuition is refunded less 50%, if notice is received less than 120 and more than 90 calendar days before the commencement of the program. *No refunds for Weekend I.

C) There are no refunds 90 calendar days before the commencement of the program nor after the program begins.

Waiver

I, the participant release the organizers of the training and their directors, sponsors, employees and agents from any liability for death, disability, injury and property damage. The participant acknowledges the risks involved with participating in the program, and **assumes all responsibility**, and waives any claims s/he may have. The participant agrees that they have informed the organizers of any relevant medical (health or mental) concerns that they may have.

*In signing this form I am acknowledging that I have read, understand and agree to the refund and cancellation policies and waiver, and understand and agree that a default in my tuition obligations for this program will be submitted to a third party and may affect my credit rating.

Signature of Applicant

MM / DD / YYY
Registration Date

For credit card payments please include the following:

Credit card #: _____ Expiry Date : _____

3 digits on back: _____ Postal Code assoc. with card: _____

Office Use Only

Date Received: _____

One Payment \$ _____ cheque # _____ credit card

1. Four Instalments: \$ _____ cheque #s _____ credit card
July 1: _____ August 1: _____ Sept 1: _____ Oct 1: _____

Comments: _____