

## 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.

Dates Attended      School Name      Area of Study      Qualifications/Diploma/Degree Achieved

### **Related Training:** Indicate previous training related to end of life care.

Dates of Training      Location/City      Type of Training      Instructor Name      Qualifications Achieved

### **Work History:** Indicate your work experience for the last five years

Dates of Training      Location/City      Employer      Job Title, Responsibilities

## APPLICATION & REGISTRATION

### Contemplative End of Life Care

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

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**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)

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Have you ever been diagnosed with any mental health conditions in the past that we should be made aware of?  
No  Yes (if yes, please include details).

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**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](mailto: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**

## APPLICATION & REGISTRATION Contemplative End of Life Care

### Payment Options

1. 1 payment of \$1800 (+HST (\$234) = \$2034). Due by July 1, 2019
2. 1 payment of \$1950 (+HST (\$253.50) = \$2203.50). After July 1, 2019
3. 4 Installments of \$512.50 (+HST (\$66.63) = \$579.13). On the first of the month. Last installment due by Sept. 1, 2019

### 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: \_\_\_\_\_