



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: ☐ Male ☐ Female	
☐ RN ☐ LPN ☐ RPN ☐ NP	Glove Size: ☐ Small ☐ Medium ☐ Large ☐ Extra Large	

PROGRAM INFORMATION		
Program:	Onyfix & Podoexpert Certification Workshop	6.5 hours
Workshop Date:		, 2026
Program Delivery: On-site	Language of Instruction: English	
Credential Issued on Graduation: ☒ Certificate of Completion		

STUDENT DECLARATION
I DECLARE THAT: • I have read, understood, and agreed to the terms and conditions of this enrolment contract; • I have received a signed copy of this contract; • I have met all program requirements; • I have read, understood, and agreed to the institution's following documents and a copy has been provided to me: ▪ Admissions Requirements ▪ Privacy Policy ▪ Confidentiality Policy • 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.

x	
Student Signature	Date

WHOLE HEALTH CARE DECLARATION
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.

Whole Health Care Representative	Position Title
x	
Signature of Representative	Date

TERMS & CONDITIONS

Program Admission Requirements

- Students must be a RN, LPN, RPN, or NP
- Students must submit a copy of their current nursing registration with this registration
- Students may request refunds up to 7 days after enrolment, less a \$250 non-refundable deposit
- 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 educational 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.