



**Located at: Huron County Health Unit, 77722 London Rd,
Clinton, Ontario
Friday, Nov 8, 2013
Begins: 8:30a.m. – 4:00p.m.**

**ADVANCED REGISTRATION REQUIRED with a LIMITED NUMBER
ACCEPTED.**

Visit our website www.healthkickhuron.ca or
www.foundationforeducation.ca for a registration form or see the
attached registration form

**Registration submission deadline is
October 4th, 2013.**

STUDENTS interested in attending Spectrum Healthcare Career Forum
must:

- *Fully complete the Registration and Interview and Images Consent Form (p. 1 & 2), and include their parent/guardian signature.
- *Submit signed registration form by Oct 4, 2013 via:
- *Fax to 519-600-2500 – attention Laura Overholt OR Scan & Email to scurry@smallbusinesshuron.ca

Subject Line: Spectrum Registration

re: Fee Payment:

Please Bring \$10 cash or cheque (payable to “Foundation for Education”)
on Nov 8th.

For More Information contact Sarah Curry at 519-348-4151

Student Registration Form

HealthKick is a “A Rural Health Workforce Solution” that offers various programs related to career development in occupations in rural healthcare. This intake form will register you as a participant in a program.

Any information collected by HealthKick will be used solely for the purposes of the project and will be accessed by the HealthKick Staff only. No individual information will be shared. Any information will be reported in an aggregated form for partner organizations including Huron Business Development Corporation, The County of Huron, and Georgian College. None of the information collected will be sold or transferred to any outside party for any reason.

Participant Contact Information		I have previously participated in a HealthKick program.	
		Spectrum	MedQUEST
First Name		Last Name	
Mailing Address		Street Address	
City/Town		County of Residence	
Postal Code		County of Work Location	
Phone (Home)		Phone (cell)	
Email (Primary)			
Email (Personal)			
Parent Information (if under 18 years of age)		Name	
Address			
Phone			
1. Education Provide information on your education. Indicate the highest level of education completed at each level.			
Secondary School		School Name:	
Highest Grade Completed:			
Expected/actual date of completion:			
1. Gender		Female	Male
1. Age Group		0-17	18-24
		25-34	35-44
		45-64	65+
1. Volunteering		Are you currently volunteering in the healthcare field?	
		Yes	No
1. What is your career goal?			
1. Has this career goal changed since you last registered for a HealthKick program?			
If yes, please explain.		Yes	No

1. Do you plan to work in a rural community setting? (population under 20,000)
Yes No

2. I am currently working in a rural community setting. (population under 20,000)
Yes No

Please Elaborate on your responses.

1. List any Dietary Needs or Allergies:

Interview & Images Consent Form, _____ do hereby agree that any interview recordings either written or verbal, testimonial statements, images and sound recordings of my child, _____ taken by the staff, employees, sponsors or agents of the HealthKick project including the Huron Business Development Corporation, Schulich School of Medicine and Dentistry at the University of Western Ontario, or the Foundation for Education, may be used for education, training, research and publicity purposes. These may appear in any communication media including but not limited to websites, promotional materials, presentations and newsletters.

I verify that the information provided is correct. I consent to HealthKick contacting me in the future to determine outcomes and impacts of my participation in HealthKick programs.

Print Name: _____

Signature _____ Date _____

Parental Consent if participant is under 18 years of age

Programs will operate based on availability of funding and may be subject to cancellation or modification as deemed necessary by HealthKick or its sponsoring organizations.

