



# SPECTRUM

Healthcare Career Forum

Experience the scope of healthcare occupations



Nov. 6, 2015 (PD Day)

Clinton, ON - Huron County Health Unit

Registration Deadline: Oct. 2  
See Guidance Department to register or visit [healthkickhuron.ca](http://healthkickhuron.ca)

**ADVANCED REGISTRATION REQUIRED with a Limited Number Accepted.**

Visit our website [www.healthkickhuron.ca](http://www.healthkickhuron.ca) or [www.foundationforeducation.ca](http://www.foundationforeducation.ca) for a registration form or see the attached registration form

**Registrations submission deadline is October 2<sup>nd</sup>, 2015**

**STUDENTS** interested in attending Spectrum Healthcare Career Forum must:

- Fully complete the Registration and Interview Consent form (pg. 1 & 2), and include their parent/guardian signatures
- Submit signed registration form by Oct 2<sup>nd</sup>, 2015 via:
- Fax to 519-527-2240 – attention Lisa Houthuyzen OR Scan & Email to [healthkick@smallbusinesshuron.ca](mailto:healthkick@smallbusinesshuron.ca) Subject Line: Spectrum Registration
- Fee Payment: **Bring \$10 cash or cheque** ( Payable to “Foundation for Education”) **on November 6<sup>th</sup>**

For More Information contact Lisa Houthuyzen at 519-527-0305 or [lhouthuyzen@smallbusinesshuron.ca](mailto:lhouthuyzen@smallbusinesshuron.ca)

**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.

<b>Participant Contact Information</b>		<input type="checkbox"/> I have previously participated in a HealthKick program.	
		<input type="checkbox"/> Spectrum <input type="checkbox"/> MedQUEST/ MedLINCS	
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		
<b>1. Education</b> Provide information on your education. Indicate the highest level of education completed at each level.			
<input type="checkbox"/> Secondary School	School Name:		
	Highest Grade Completed:		
	Expected/actual date of completion:		
<b>2. Gender</b>			
<input type="checkbox"/> Female <input type="checkbox"/> Male			
<b>3. Age Group</b>			
<input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65+			
<b>4. <input type="checkbox"/> Volunteering</b>			
Are you currently volunteering in the healthcare field? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5. What is your career goal?</b>			
<b>6. Has this career goal changed since you last registered for a HealthKick program?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain.			
<b>7. Do you plan to work in a rural community setting? (population under 20,000)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>8. I am currently working in a rural community setting. (population under 20,000)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please Elaborate on your responses.			
<b>9. List any Dietary Needs or Allergies:</b>			

**Interview & Image Consent Form**

I 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 \_\_\_\_\_