**Registration Form**

The following information is collected by Bridgepoint, Sinai Health for all learners completing placement hours and all observers. This information is important for insurance, liability, accountability, and emergency processes. Your personal information is kept confidential and will be destroyed two years from the end of your clinical placement. Questions? Please contact Roland de Vega 416-461-8252 x. 2924 or <mailto:Roland.deVega@sinaihealth.ca>

**You may save this form on your computer and return to it at a later time before submitting.**

**SECTION A: Learner Information**

Full Legal Name - First name: Surname:

Academic Institution:

Program/Discipline:

Phone #: Email:

**SECTION B: Emergency Contact**

We collect this information so we have contact details in the event of an emergency.

Contact Name: Relationship to Learner:

Phone #: Alternate #:

**SECTION C: Immunization, Mask Fit & Background Check**

I have up-to-date immunization as per [Bridgepoint standards](http://www.bridgepointhealth.ca/en/join-our-team/student-policies-and-procedures.asp#immunization):  
 **Yes**  **No**

I have received a flu vaccine for the current academic year:

**Yes**  **No**

I have a mask fittest in the last 24 months:

**Yes**  **No**

Date of my last mask fit test:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My mask fit sizes (including brand) are:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a criminal offence for which you have not been pardoned?

**Yes**  **No**

**SECTION D: Acknowledgement of Bridgepoint’s Codes of Practice, Procedures and Policies**

I understand that compliance with all of Bridgepoint’s Codes of Practice, procedures and policies is a condition of my clinical training/observation at Bridgepoint. I further understand that violation of Bridgepoint Codes, procedures or policies may result in termination of my educational placement/observership at Bridgepoint and notification of the Dean or Department Chair at my educational institution. I understand that I can seek advice about any of the Codes of Practice, procedures or policies from my Supervisor or the Academic Office.

I have read and agree to abide by the following Codes of Practice, procedures and policies, which are a subset of the Codes, procedures and policies currently in operation at Bridgepoint, Sinai Health System. I have done the web-based training as required on the Bridgepoint Orientation Checklist web page or I have indicated below where I have completed duplicate training in the last 12 months.

+Privacy Policy in accordance with the Ontario Personal Health Information Protection Act

(PHIPA) and Confidentiality Agreement and quiz online

+Bridgepoint Code of Ethics

+Hand Hygiene quiz online

+Bridgepoint Code Red and Code Green and quiz

+Violence in the Workplace Prevention quiz online

+Workplace Hazardous Material Information Safety Policy (WHMIS) quiz online

+Accessible Customer Service quiz online

+Health and Safety Awareness quiz online – when available. In the meantime you can use the Ministry of Labour quiz accessible via the Bridgepoint website.

**I acknowledge that I have read, understand and agree to comply with Bridgepoint’s Codes of Practice, procedures and policies. If, at any time, I no longer feel that I have appropriate knowledge, skill or judgement relating to the material I have studied, I will immediately follow-up with my supervisor. In addition, I will undertake remedial study as quickly as possible to re-establish my knowledge base.**

**Yes**

**SECTION E: Duplication of Training**

Bridgepoint does not require you to undertake duplicate training. If you have completed mandatory training at a health system institution in privacy, workplace violence, hand hygiene, WHMIS, Workplace Health and Safety or accessible customer service within the last 12 months you do not need to take it again the on the Bridgepoint website. Please note below where and when you completed your earlier training, as applicable.

Privacy/Confidentiality:

Hand hygiene:

Violence in the workplace:

WHMIS:

Accessible Customer Service:

Workplace Health and Safety:

**SECTION F: Acknowledgement of Penalty for loss of Security Card**

**I understand that if I lose my Security Access card I will be required to pay a fee of $25 to receive a new card.**

**Yes**