**Registration Form**

The following information is collected by Bridgepoint, Sinai Health System for all students/residents 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 Katherine Brown 416-461-8252 x. 2924 or <mailto:katherine.brown@sinaihealthsystem.ca>

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

**SECTION A: Student/Resident/Observer Information**

Full Legal Name - First name:      Surname:

Academic Institution:

Your gender:  Male  Female

Program/Discipline:

Phone #:      **Medical trainees** **please also see Section G**. Email:

**SECTION B: Emergency Contact**

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

Contact Name:       Relationship to Student/Observer:

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) and can submit proof upon request:  **Yes**  **No**

I have a mask fittest and can provide proof upon request:

**Yes**  **No**

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/Clinical Instructor or the Interprofessional Education Specialist.

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.

+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/clinical instructor. In addition, I will undertake remedial study as quickly as possible to re-establish my knowledge base.**

**:**  **Yes**

We thank Providence Care for the wording above with respect to student responsibilities.

**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. Everyone must review the Code Red and Code Green quiz as that is unique to Bridgepoint. Please note below where and when you did your earlier training.

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**

**SECTION G: Medical Trainee Information (ONLY)**

**Student Number**:      **OR** **CPSO Reg. Number**:

CMPA Member Number:      Institution:

Year of Study: Medical student (Y1-Y4):       Resident (PGY1-PGY5, Fellow, Other):

**Residents – please note your specialisation:**

Primary Supervisor for Rotation:       (may be outside of Bridgepoint)

Rotation Start Date:      Rotation End Date:

(If most of your rotation takes place at another site, simply provide the dates that you are at Bridgepoint Health below)

Rotation days (Select all applicable):

**Monday**  **Tuesday** **Wednesday**  **Thursday** **Friday**

**Communication with medical trainees**  – we would like to make your telephone number available via the Switchboard to Bridgepoint staff *only* for patient care questions *only*. Do we have your permission for this? Thank you for considering our request.

**YES**

**If you are a EEE student please read this paragraph and check the box below:**

I understand that University of Toronto Enriching Educational Experience (EEE) Program Observers at the hospital are **not** covered under the Workplace Safety and Insurance Board (WSIB) and are not covered under the hospital’s liability insurance. Observers release the hospital and its affiliates from any responsibility or liability for personal injury, and/or damage to or loss of property.

**YES**