



Bay College

of Health, Business and Technology

STUDENT ENROLMENT CONTRACT (International Nursing Review Program)

This Enrolment Contract is NOT subject to the Private Career Colleges Act, 2005 and the regulations made under the Act.

The undersigned person hereby enrolls as a student of **Bay College of Health, Business and Technology** as of _____ (Date) for the following:

Full Name of Student Mr. Miss Mrs. Ms.

Sex Male Female Other

Date of Birth _____ **SIN card number** _____

Name of Program _____

Commencing on _____ **Expected Completion Date** _____

Credential to be Awarded Upon Successful Completion of the Program _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Phone _____ Alternative Phone _____

Permanent Address (Canada) _____

City _____ Province _____ Postal Code _____

Country _____

Phone _____ Email Address _____

Language of Instruction: English

Location of Practicum _____ [insert city]

Class Schedule _____
[insert hours of instruction, days and time of the week when classes are offered, the modules, requirements for completion]

Toronto School of Health Inc. o/a Bay College of Health, Business and Technology

Bay College of Health, Business and Technology, 245 Fairview Mall Dr., Suite 723, Toronto, Ontario, Canada M2J 4T1

Tel: 416-800-8281 Website: www.BayC.ca Email: admissions@BayC.ca



Bay College

of Health, Business and Technology

International Student	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Type of stay	<input type="checkbox"/> Homestay	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Hotel
	<input type="checkbox"/> Family	<input type="checkbox"/> On campurs	<input type="checkbox"/> Off campurs	
Email Address:				
Country of Origin:				
Primary Language:				
Health Insurance Number:				
Health Insurance Company:				
Study Permit Number:				
Study Permit Number:				
Study Permit Number:				

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Payment Schedule

For programs approved for student loan purposes, the Payment Schedule may be completed at the time of the receipt of the Canada-Ontario Integrated Student Loans Certificate of Loan/Grant Approval and Eligibility. It must be attached to the original contract.

	Date	Amount Due
1	Payments prior to signing contract (if any) <ul style="list-style-type: none">• <i>Registration fee and / or</i>• <i>Admissions Test Fee (if applicable)</i>	CAN\$
2	1 st payment after signing contract	CAN\$
3	2 nd payment after signing contract <i>(if applicable)</i>	CAN\$
	Total payments (1 + 2 + 3)	CAN\$

The undersigned student hereby undertakes and agrees to pay, or see to payment of, the fees indicated above in accordance with the terms of this Enrolment Contract.

Name of Student

Signature of Student

Date



If you are unable to provide the Vulnerable Sector Screening (VSS) on or before the program commences, please sign this form. OR

If you are unable to provide a clear VSS please sign this form.

Disclaimer for Students in Programs Leading to Work with Vulnerable Sectors

As this program will involve direct contact with vulnerable individuals, you must complete a clean Vulnerable Sector Screening ("VSS") prior to commencing any placement or practicum. It is strongly advised that you complete your VSS prior to commencing your vocational training to ensure that you can complete this program and are eligible for a placement or practicum and, subsequently, graduation.

As a VSS can take 10 to 12 weeks to complete, if you choose not to complete a VSS prior to commencing this program, please plan your time accordingly to ensure that you have obtained documentation of a clean VSS prior to applying for a placement or practicum. If you ignore this caution, you risk being **ineligible for a placement or practicum, ineligible to graduate and potentially only eligible for a partial refund or no refund of tuition for this program if you fail to graduate.**

A VSS involves a search of the Vulnerable Sector Database, maintained by the Ontario Provincial Police, for any information about you in police files, including criminal convictions, outstanding charges, and information about whether you are suspected of committing a criminal offence or involved in a serious criminal investigation. Police databases will also document any contact that you may have had with police services under the Mental Health Act, 1990.

You must also ensure that you do not engage in any activities at anytime during the program, including while undertaking a placement or practicum, that would render a clean VSS previously submitted by you void. Failure to maintain a clean VSS will also render you unable to undertake or continue the placement or practicum, ineligible for graduation and only eligible for a partial refund or no refund of tuition, depending on when you withdraw or are expelled from the program.

I, _____ acknowledge that I have read the above disclosure and understand that I need to obtain a clean VSS **prior** to applying for a placement or practicum and that I must, while enrolled in the program, maintain a clean VSS in order to complete the placement or practicum and to graduate. I also understand that if I do not obtain or maintain a clean VSS, I risk: **1. being ineligible for placement or continued placement;** **2. ineligible to graduate;** **3. eligible for a partial refund or no refund of tuition, depending on when I withdraw or am expelled from this program.**

Further information regarding the Police Reference Check Program and the VSS process can be viewed at: <http://www.torontopolice.on.ca/background-checks/>

Student Signature

Date