



## Student Consent Form

I acknowledge that I have a responsibility to read and adhere to all the following rules and regulations of The Michener Institute for Applied Health Sciences ("Michener").

### ***Personal Information, Academic and Attendance Records:***

I hereby consent to the collection, use and disclosure of personal information for purposes of the administration of Michener, its academic programs, evaluation and other initiatives, including but not limited to my enrolment and the completion of my studies at Michener. Student identity will, in all cases, be withheld when used for these purposes. In signing this consent, I also agree that I have reviewed Michener's Privacy Policy <http://my.michener.ca/policies/human-resources/> on the collection, use and disclosure of personal information.

I hereby specifically consent to allow Michener to collect and disclose information pertaining to my Academic Record, Attendance Record and other information reasonably necessary for purposes of certification, registration, and evaluation at Michener and/or for professional bodies for purposes of Michener's application for accreditation or application for support from any government, agency, or sponsorship program. Agencies include, but are not limited to affiliated academic and clinical education sites.

### ***Participation in Learning Activities, Video, Audio Recording and Photography and Confidentiality Requirements:***

Students enrolled in Michener's programs acquire basic technical skills under the supervision of qualified program faculty by practicing real and/or simulated learning activities which at times may involve fellow classmates, volunteers, and /or other individuals. These activities can also be evaluated to determine competence acquisition. I agree to adhere to the requirement of these learning activities. I also consent to my active participation in these activities and understand that I may be required to act as a simulated patient for other students. If I am unable to participate fully and safely in these learning activities, I understand I must refer myself to the Health Nurse with a request for accommodation.

Michener uses audio-visual recordings and photography to support learning activities and for the purposes of evaluation. I consent to the use of audio-video recording and photography and to having myself recorded and photographed recognizing it is an integral component of Michener's courses.

I hereby agree to maintain the confidentiality of all learning activities, examinations, assignments and assessments pertaining to my program. If I receive permission to write an exam/assignment/assessment, or participate in a learning activity in advance of its scheduled date, I

agree **not** to divulge or discuss any information relating to the exam/assignment/assessment/activity in whole or in part to anyone. I understand that a breach of confidentiality of this type could result in my immediate dismissal from the program.

I agree to keep in confidence discussions or outcomes of discussions to which I may be privy as a student representative serving on internal Michener committees. I understand that a breach of confidentiality in this circumstance could result in my immediate dismissal from the program.

**Documentation of Student Consent**

By signing below, I hereby give my consent and agree to:

- The release of personal information, academic and attendance records;
- Participation in Learning Activities, Video, Audio Recording and Photography and Confidentiality Requirements

This signed consent will be valid until the completion of your program of study.

Participant's Name (please print) \_\_\_\_\_

Participant's Student ID Number (please print) \_\_\_\_\_

Program of study (please print) \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please sign and return this form to the Office of the Registrar no later than September XX, 201X.***

By Mail: The Office of the Registrar  
**Attention: Admissions Officer**  
222 St. Patrick Street  
Toronto, ON M5T 1V4

In Person: Admissions Office: Room# 517

If you would like a copy of this document, please visit  
<https://my.michener.ca/forms-tools/>

**Associated Document(s):**

- Notification to Seek Medical Advice
- Accommodation Policy