**Registration Form**

*School of Advanced Foot Care*

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REGISTRATION QUESTIONNAIRE

Student First & Last Name: ⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽

Nursing Designation: ⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽

Current Nursing License Number: ⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽

* Are you active in nursing?
* Have you previously completed an advanced nursing foot care course? If so, have you recently been practicing?
* What is your desired outcome from taking this course?
* Are you prepared to spend a week training with us on site? Are you willing to wear a surgical mask and face shield as per standards?
* Are you willing to have a COVID-19 swab test? Results will be required before entering our facility.

I ⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽ (your name) confirm that the information provided above is true. I understand that this information will remain confidential with Jenuine Care Inc and their staff members.

Signature:⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽ Date: ⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽

COURSE CONFIDENTIALITY FORM

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I agree to use the course information provided as a means to learn and further my knowledge as a nurse. At no time will I copy or utilize the information to my own benefit and/or for other teaching means. I will only print sections of the course that are deemed printable, using them as a means to develop my knowledge in foot care.

All people and images utilized and/or viewed during the course will remain confidential. As a registered nurse or registered practical nurse, I will respect the clients, facility staff members and teachers. All confidential information is to remain confidential and will not be shared with others.

By signing, I agree to the above information and hold true to this confidentiality agreement.

In addition to the confidentiality agreement, I am aware of the information I will be provided depending on the course I have selected and paid for. I understand that the JC Model version of the course provides additional business related mentoring, while the Advanced Foot Care Course does not include teaching beyond the basic skills of a foot care nurse.

Signature: ⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽ Date: ⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽

Jenuine Care Inc. Witness: ⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽ Date: ⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽⎽

PAYMENT FORM

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