



## **Enrolment Application Contract.**

This Enrolment Contract is subject to the Private Career Colleges Act, 2005 and the regulations made under the Act.

1. **Completion of Form.** This form must be completed in full. Incomplete applications may not be considered.
2. **Clinical Skillset®.** Services rendered by Clinical Skillset primarily involves private career mentorship (i.e., private, post-secondary) training in relation to clinical research and related consultation services.
3. **Currency.** Unless otherwise indicated, all dollar amounts referred to in this agreement are in lawful money of Canada.
4. **Schedules.** Except for consultation and team empowerment services which are discretionary, all educational training services will span through an 8-week period of intensive training: - 2 hours weekday and 3 hours weekends for a total of 8 weeks.
5. **Privacy Policies.** Clinical Skillset® has written privacy policies in accordance with Privacy Laws ("Privacy Policies") and is in compliance with such Privacy Policies and related Regulations, as well as the Personal Information Protection and Electronic Documents Act (Canada).
7. **Good Faith.** Students represent and warrant that they are entering into this agreement in good faith, and that they shall at all times abide by the policies and procedures of Clinical Skillset.
8. **Entire Agreement.** This agreement and any Schedules referred to herein constitute the entire agreement between Clinical Skillset and the Student, and supersede all prior agreements, representations, warranties, statements, promises, information, arrangements, and understandings, whether oral or written, express or implied, with respect to the subject-matter hereof. Furthermore, Clinical Skillset® shall not be bound or charged with any oral or written agreements, representations, warranties, statements, promises, information, arrangements, and understandings not specifically set forth in this agreement or in the Schedules.
9. **Amendments must be in writing.** No modification or amendment to this agreement may be made unless agreed to by the Student and Clinical Skillset®, in writing, or pursuant to the provisions of the Private Career Colleges Act, 2005 and related Regulations.

### **Application Information**

I (Name and Signature) \_\_\_\_\_ hereby complete the following information in support of my Application for Clinical Skillset's services.

I understand that my application will be considered incomplete without the full \$dollar payments (based on the required selected services) and information requested below:

Program Code	Tuition Fee	Study Materials Fee	Total Fees
<b>Clinical Research Coordinator Training</b>	\$800	\$200	\$1,000
<b>Clinical Research Associate Training</b>	\$800	\$200	\$1,000
<b>Clinical Research Project Manager Training</b>	\$1,000	\$200	\$1,200

	30 mins services
<b>One-on-One Consultation Services</b>	\$50

	48 Hours Turnaround
<b>Resume revamp</b>	\$100
<b>LinkedIn Profile repositioning</b>	\$100

**Payment Method:**

All payments are to be made to via e-transfer to [register@clinicalskillset.ca](mailto:register@clinicalskillset.ca)

**Personal Information:**

Mr.  Ms.  Mrs.  Mx.  Dr.

Last Name: \_\_\_\_\_

Name Middle: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Contact Address:**

Address, Include Street Unit or Apartment # \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Briefly describe your Education history:

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

Professional Experience:

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

Prior ICH-GCP Knowledge:

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

**Enrollment Instructions:**

Once payments have been made and the form is duly filled and signed, please submit to [contact@clinicalskillset.ca](mailto:contact@clinicalskillset.ca)

**Review Period:**

Please allow for 1-2 business days for our administrative team to review your application and get back to you.