



2024 Immersion Program Mandatory Sensitive Information Form

After completing the online registration form, kindly fill-out and mail us a copy of this form, including the following information:

- Social insurance number (only applicable to Canadian participants)*
- Scanned copy of proof of identification **with photo** of any of the following:
 - Health card
 - Driver's license
 - Passport
 - School ID
 - Work ID

Optional/only if applicable:

- Proof of accommodation
- Proof of medical conditions (seasonal allergies, asthma, diabetes, epilepsy, seizures, heart troubles, etc.)
- Proof of prescription medications
- Proof of allergies and need for EpiPen
- Proof of special diet for medical reasons

Please be reassured that all information will be kept confidential. Our aim in soliciting this information is to ensure that participants are equipped with the supports and resources needed to succeed during their time at Glendon. This information will allow us to provide optimal assistance in the event of an emergency.

*A social insurance number (SIN) is required for Canadian participants for tax receipt purposes (T4a and/or T2202A). For any questions about these tax documents and how they can be claimed when filing your taxes, please consult an accountant or a tax specialist.

Please mail this completed form and required attachments to the following address:

Glendon Immersion Program
York Hall A112
2275 Bayview Avenue
Toronto, ON M4N 3M6

If you have any questions, please do not hesitate to contact us by email at:

explore@glendon.yorku.ca



Participant Full Name:

Social Insurance Number (if applicable):

Do you have health insurance?

- Yes
- No

If provincial coverage

From which province:

Health card number:

If other than provincial coverage (private/travel)

Name of health insurance company:

Health insurance policy number:

Customer service phone number:

Do you have any conditions that might require additional support or accommodation during the program (related to learning, physical or mental health, etc.)?

- Yes
- No

If yes, kindly provide details regarding your situation and specify any necessary accommodations below. All conditions necessitating accommodation must be officially documented (physician’s note, individualized learning/educational plan, etc.). **A copy of this documentation must be included with this form to facilitate the necessary arrangements.**



Do you have any specific medical conditions? (e.g., seasonal allergies, asthma, diabetes, epilepsy, seizures, heart troubles, etc.)?

- Yes
- No

If yes, please provide more details below of any special requirements or medications, including dosage, frequency, secondary effects, etc. This information will be kept confidential and will allow our team to provide optimal assistance in the event of an emergency.

Documented disclosure from your physician must be included with this form.

Are you taking any prescription medications?

- Yes
- No

If yes, please provide more details below, including the name of the medication and the proof of prescription (including the prescribed dosage.) This information will be kept confidential and will allow our team to provide optimal assistance in the event of an emergency. **Proof of prescription from your physician or pharmacist must be included with this form.**



Do you have any serious allergies that may require the use of an epipen?

- Yes
- No

If yes, please provide more details below, including any accommodations required. This information will be kept confidential and will allow our team to provide optimal assistance in the event of an emergency. **Documented disclosure from your physician of your allergy and need for an epipen must be included with this form.**

Please note that all meals (breakfast, lunch, and dinner) are provided in a buffet-style format. Our buffet is designed to accommodate a wide range of dietary restrictions and preferences (examples: vegetarian, vegan, halal, etc.). Please note that York university is not a nut-free facility.

Note: regrettably, participants of the program are not permitted access to a kitchen under any circumstance. If you require access to a kitchen, kindly consider seeking admission at another institution.

Do you require a special diet for medical reasons?

- Yes
- No

If yes, please provide more details and **include a medical note** from your physician **regarding your medically necessary** dietary accommodations **with this form**. Participants with dietary restrictions that are not medically documented must personally cover the costs of meal supplements.



Section to be filled out by Glendon Continuing Education admin only:

Date received: _____

Complete

Incomplete

o As applicable:

- **Social insurance number** (sin)
- **Health insurance** (provincial, private, or travel)
- **Proof of accommodation** (physician’s note, copy of individualized learning/educational plan, etc.)
- **Proof of medical conditions** (seasonal allergies, asthma, diabetes, epilepsy, seizures, heart troubles, etc.)
- **Proof of prescription medications** (proof from physician or pharmacist)
- **Proof of allergies and need for epipen**
- **Proof of special diet for medical reasons** (physician’s note)

Notes:
