



# VITANOVA

## ANGER MANAGEMENT REGISTRATION FORM

Personal Information		For Office Use Only
[ ] Mr. [ ] Ms. [ ] Mrs. [ ]		<b>Class Start Date:</b>
Full name:		
Address:		
City/Town:	Postal Code:	

**Please list your contact numbers below & check the ones where you prefer to be contacted:**

<input type="checkbox"/> Home Phone:	<input type="checkbox"/> Work Phone:
<input type="checkbox"/> Cell Phone:	<input type="checkbox"/> Fax:
<input type="checkbox"/> Pager:	<input type="checkbox"/> Email:

**Tell us how you learned about this course, or how you were referred to us.**

<input type="checkbox"/> Vitanova website	<input type="checkbox"/> Referral by family/friend	<input type="checkbox"/> Employer referral
<input type="checkbox"/> Court/Legal Referral	<input type="checkbox"/> Probation/Parole referral	<input type="checkbox"/> CAS referral
<input type="checkbox"/> School referral	<input type="checkbox"/> Personal interest	
<input type="checkbox"/> Other (please specify):		

**Tell us what you hope to get out of this course:**

**AGREEMENT:** I understand that my application will involve a pre-screening and assessment and that, as a result, I may be deemed ineligible to take this course. However, if accepted, I agree to attend all classes, take active part in discussions, and complete all work assignments. I also understand that if I am late or absent for any reason, my participation in the course may be reported as incomplete and a certificate of completion will not be issued.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Once you have completed this application, return it to [intake@vitanova.ca](mailto:intake@vitanova.ca), or fax it to the attention of Intake at 905-850-3835, or mail it to Intake, c/o Vitanova, 6299 Rutherford Road, Woodbridge, Ontario L4L 3B2