

Application Form – Diploma in Natural Nutrition

1201 Mountain Rd, Suite 205 Moncton, NB., E1C 2T4 (506) 384 2700

Name:			
Address:			
City/Province	Postal Code	Birth date:	
Date of application	Email		
Day phone number	Evening phone n	number	
Name of next of kin, address and phone	e number	i	
Social Insurance Number (for tuition ta	x receipt purposes	s)	
ATTACHED IS PROOF OF EDUCATION: GI HIGH SCHOOL COMPLETION CERTIFICAT	RADE 12 DIPLOMA	, GED GRADE 12 EQUIVALENT:, ED AND SEALED GRADE 12 TRANSCRIPT:	
Please enclose with this application a School of Natural Nutrition.	non-refundable i	registration fee of \$100.00 payable to The Canadian	
2 Year Evening Program	n P/T– one ev 500 including te:	OU ARE APPLYING FOR: vening/week 6-9pm – September 4 th 2024 extbook- 7 classes beginning Spring 2024 with the	
		to the program (you may use extra paper if required):	
We will contact you to arrange an appo	intment upon rece	eipt of your application form and proof of education	
Nutrition. This deposit is to	reserve your place	Module 1 payable to the Canadian School of Natural ement in the program and will be refundable when notice	is
given of non-attendance. See Acceptance letter sent:	e our refund polic	<i>cy for details.</i> \$100 application fee received:	
1			
Interview Date:		Module I deposit received:	
Accepted by:		Date:	

COURSE TUITION for 2-year Part Time program is \$6160.00 (Your deposit will be applied to the first payment). BOOKS ARE EXTRA AND APPROXIMATE COST -\$925 Student Protection fee (1% of tuition fee): \$61.60

Total cost of program is split into 8 payments over the two years.

CODE OF ETHICS

The Canadian School of Natural Nutrition has its mission the education of the individual in the principles of holistic health care and the principles of Natural Nutrition, to further the well -being of people and the healing of the planet Earth. To this end, a graduate of CSNN as a Registered Holistic Nutritionist (RHN), agrees to:

- 1. Maintain an interest in the well-being of all human beings, regardless of colour, creed or nationality, and in the care of planet Earth.
- 2. Respect the right of his/her client as an individual in all respects, as to personal tastes, morals and social values
- 3. Be non-judgmental as to the life values and experience of the client
- 4. Treat the client under all circumstances with due concern for the dignity of the individual
- 5. Respect the confidential nature of his/her relationship with the client and protect the confidentiality of assessments and recorded documents
- 6. Guide and counsel his/her client in the best way to achieve optimal health through natural nutrition, but always respect the right and need of the client to make the final decision in all wellness plans
- 7. Teach the client to accept responsibility for his/her own health, choices and actions
- 8. Accept full responsibility for the consequences of his/her own acts
- 9. Provide professional services only in those areas which she/he has competence and training
- 10. Recognize the need to work co-operatively with other disciplines, holistic or allopathic, to best serve the client's need, respecting the unique contribution of each discipline
- 11. Respect differences of opinion and exercise tact and diplomacy in interpersonal relations
- 12. Resolve to improve and maintain his/her professional competence in the field of natural nutrition and holistic health care.

REQUIREMENTS

I understand that, in addition to the classroom studies in which I must maintain an average of 80%, a minimum of 50 Practicum hours and 10 case studies must be completed before the final written examination date to meet the CSNN requirements to graduate.

CONFIDENTIALITY and DISCLOSURE

Absolutely no part of the content in the copyrighted publications, course material or teachers notes, may be photocopied or adapted for teaching purposes or shared with anyone not taking the CSNN program. Breach of these restrictions will result in legal action

I certify that I have read and understood the items outlined on the registration form and the privacy policy. Also, I understand that I am expected to follow the Code of Ethics outlined above.

Date	Signature