

Registration Information (Mandatory fields – please print clearly and use black or blue ink)

SURNAME	GIVEN NAMES	BC Driver's Licence Number

DATE OF BIRTH (YYYY/MM/DD)

/ /

MAILING ADDRESS

CITY	PROVINCE	POSTAL CODE

Telephone Contact

Stroh Health Care program staff must contact you by telephone to conduct an assessment, and to confirm appointment times (contact will be made during business hours, Monday to Friday). Stroh Health Care would also like to communicate with you via e-mail. If you would like to receive e-mail communications, please provide your email address.

Preferred Phone Number:	Phone Number is:	E-mail:
	<input type="checkbox"/> Work <input type="checkbox"/> Home	

Responsible Driver Program Requirements

I have been referred by RoadSafetyBC to the Responsible Driver Program (the "Program"), administered by Stroh Health Care Consulting Corporation ("Stroh"). My participation in the Program is to enable the Superintendent of Motor Vehicles to determine my fitness to drive. I acknowledge that the Program can take 9 months or longer to complete, based on driver participation level, and that I should register as soon as possible.

Consent to Release Information

1. I acknowledge that by registering to participate in the Program, RoadSafetyBC will provide Stroh with my driving record and any other information in its possession which RoadSafetyBC considers relevant to my participation in the Program.
2. I acknowledge that Stroh will be collecting personal information from me as it relates to the Program and I consent to Stroh providing information concerning my participation in the Program to RoadSafetyBC.

Acknowledgement and Agreement to Program Requirements

3. I acknowledge that a telephone assessment will be used by Stroh to determine the appropriate Program required. The telephone assessment will include, but is not limited to:
 - A review of my driving record;
 - Completion of standardized questionnaires; and
 - Participating in a structured assessment which will include questions about:

o Most recent drinking/other drug use and driving incident;	o Family and social life;
o Past drinking/other drug use and driving incidents	o Educational and employment history;
o Coping styles and personality characteristics;	o Legal history; and
	o Medical history.
4. I understand that my telephone assessment will result in my being referred to one of the following:
 - The 8-hour Program; or the 16-hour Program.
5. I understand that if I am referred to the 8-hour Program that either I or the group facilitator may determine that I am more suited for the 16-hour Program as more information is gathered by the facilitators or I gain more insights. In this case, I would be referred to that alternative Program.
6. I understand that if I am referred to the 8-hour Program or the 16-hour Program, a report will be sent to RoadSafetyBC that will either confirm my satisfactory completion of the Program or explain why the Program was not completed. If I do not participate in a satisfactory way, I understand that I may be required to repeat the Program. Alternatively, if I was initially referred to the 8-hour Program, I understand that I may be required to take the 16-hour Program. In all cases, I understand that I must pay an additional charge.

Name:	Phone Number:	DL #
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Program Cost

7. I agree to pay the prescribed Program fee of \$930.00 (\$905.00 + \$25.00 GST). The Program fee is payable in full before I can participate in the Program. Once I have submitted payment along with this registration form, a full refund will not be available. **NOTE** that the Program fee is to be made payable to **Stroh Health Care**. Overpayments of \$20.00 or less will not be reimbursed. There will be an additional charge of \$30 for any Non-Sufficient Funds (NSF) cheques.

Method of Payment (please check one):

- Cheque made payable to **Stroh Health Care**. I acknowledge that any NSF cheque will result in an additional charge of \$30. (No post-dated cheques accepted and personal cheques are held for 15 days to allow for clearing).
- Money Order made payable to **Stroh Health Care**.
- Credit Card authorization for program fee only**. Please charge the prescribed Program fee of \$930.00 (\$905 + \$25.00 GST) to my credit card payable to **Stroh Health Care**. My credit card authorization is completed below. (Visa, MasterCard, pre-paid credit card and Visa/Debit accepted. Credit card payment by phone is not allowed.)
- Credit Card authorization for program fee and NSF cheque charge. Please charge the prescribed Program fee and NSF cheque charge of \$960.00 (\$905.00 + \$25.00 GST + \$30.00 NSF) to my credit card payable to **Stroh Health Care**. My card authorization is completed below. (Visa, MasterCard, pre-paid credit card and Visa/Debit accepted. Credit card payment by phone is not allowed.)

Submit Registration Package

If paying by cheque or money order, (made payable to **Stroh Health Care**) your completed registration package must be mailed to: Stroh Health Care
PO Box 18006, 1215C 56th Street
Delta, BC V4L 2B0

If paying by credit card, your completed registration package may be sent to Stroh Health Care via: email to registration@strohhealth.com; or fax to 604-948-4913; or mail to the address listed directly above.

Incomplete registration packages will be returned to the client. The Stroh Health Care Administrative Office is not open to the public. Please do not attend in person.

8. I acknowledge that if I do not complete the Program I may be required to pay another Program fee to re-register for the Program.

Additional Fees

9. I understand that I must attend all scheduled appointments relating to my participation in the Program. Stroh may charge an additional fee to re-take any components. If I fail to attend or complete any component of the program, I may be required to pay Stroh the following fees:
- Telephone Assessment \$50
 - 8-hour Program \$160
 - 16-hour Program \$320

By checking the box I acknowledge that I have read and understood the Responsible Driver Program Requirements and that I am consenting to the release of the information indicated and I am agreeing to participate in the Program as described.

DATE (YYYY/MM/DD)	/ /
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Credit Card Authorization

Payment Method VISA MasterCard VISA/Debit Pre-Paid Credit Card

Name of Cardholder as shown:			
Credit Card Number:	-	-	-
Card Holder's address:	Address: _____		Expiry: /
	Postal Code: _____		CVD Code:
CONTACT PHONE:			

The personal information collected as part of your participation in Responsible Driver Program is collected under the authority of the Motor Vehicle Act (RS British Columbia 1996, c. 318, s. 25.1 and 25.2) and the Freedom of Information and Protection of Privacy Act (RS British Columbia 1996, c. 165, s. 26 (a) and (c)). Your information is collected in order to register you and to confirm your participation in the program with RoadSafetyBC. If you have any questions about the collection, use and disclosure of the information collected, contact the Director of Remedial Programs with RoadSafetyBC at PO Box 9254 Stn Prov Govt, Victoria BC, V8W 9J2, phone 250-387-7747