

Student Referral Application

The OIHI Refer-A-Friend program is an appreciation program that recognizes contributions to promote Ontario Institute of Health and Innovation and its programs to friends and family. Through this program, individuals will receive financial recognition for their efforts when a referred applicant starts their studies at OIHI.

See eligibility requirements and terms and conditions below for full details.

Eligibility

1. The referee must be a new student to OIHI.
2. The referee must not have previously applied or been admitted to OIHI.
3. The referee must be admitted to a program of study without any conditions.
4. The referee must meet all applicable compliance requirements.
5. The referee must apply to OIHI directly (no third parties or agents may be involved in the application process).
6. The Student Referral Application must be submitted to OIHI before a payment is made by the referee.
7. The referee must include the referrer's full name and contact information on their application.

Terms and Conditions

1. All amounts listed are in Canadian dollars (CAD).
2. The \$200 gift card will be issued after 30 days of continuous enrolment at Ontario Institute of Health and Innovation (OIHI), provided the referee has met all admission and enrolment criteria.
3. There is no limit to the number of referrals a single referrer can make.
4. Any Student Referral Application submitted after the referee has paid will not be accepted.

Ontario Institute of Health and Innovation reserves the right to modify, cancel, or limit this promotion at any time and without prior notice.

Referral Information

Referrer *(The person recommending a friend or family member to study at OIHI).*

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

Referee *(The person being recommended to OIHI as a prospective student).*

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

Privacy Notice

The personal and educational information you provide in the Student Referral Application may be shared with Ontario provincial and Canadian federal government departments as required by legislation and regulation. If you have any questions, please contact us at info@oihi.ca. By applying for admission to Ontario Institute of Health and Innovation, you consent to the collection, use, and disclosure of your personal information.

Consent

By submitting the Student Referral Application, you agree with the applicable privacy policy or policies as outlined in the Ontario Institute of Health and Innovation Privacy Policy. You can learn more about how OIHI processes personal information [here](#).

Referrer

Full Name: _____

Signature: _____

Date: _____

Referee

Full Name: _____

Signature: _____

Date: _____