



**April 2010-March 2011  
Bachelor of Nursing Bursary Program  
Application Form**



The Bachelor of Nursing Bursary Program is available to students enrolled full-time in either year 3 or year 4 of the Bachelor of Nursing (Collaborative) Program and students enrolled in year 1 or year 2 of the Fast Track option. The Bursary Program is also available to residents of Newfoundland and Labrador who are enrolled in the last two years of an approved registered nurse program in another Canadian jurisdiction.

- Recipients are required to provide verification of registration with their educational institution prior to any funds being issued. Verification should be submitted with this application form.
- Bursary value is \$2,500 **per academic year**, paid to the student in a single lump-sum payment.
- Each \$2,500 bursary will require the student to commit to one year of worked service as a registered nurse with a regional health authority in Newfoundland and Labrador upon completion of the Bachelor of Nursing program.
- Students must successfully pass the Canadian Registered Nursing Exam and employment interview as a condition of employment.
- **DEADLINE: Applications are due on or before Jan 31 or 3 months prior to graduation of the 4th year, whichever occurs first. With the exception of graduating 2<sup>nd</sup> year Fast Track students whose applications are due on or before June 30 or 3 months prior to graduation of the 2<sup>nd</sup> year, whichever occurs first.**

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Bursary Requested:	<u>Generic</u>	<u>Fast-Track</u>
	3 <sup>rd</sup> Year _____ (\$2,500 for 1 yr)	1 <sup>st</sup> Year _____ (\$2,500 for 1 yr)
	4 <sup>th</sup> Year _____ (\$2,500 for 1 yr)	2 <sup>nd</sup> Year _____ (\$2,500 for 1 yr)
	4 <sup>th</sup> Year _____ (\$5,000 for 2 yrs)	2 <sup>nd</sup> Year _____ (\$5,000 for 2 yrs)

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**PART A: PERSONAL INFORMATION (PLEASE PRINT)**

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1. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Initial: \_\_

Previous Name (If applicable): \_\_\_\_\_

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2. Social Insurance No.: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_  
(Canada Revenue Agency regulations require the submission of a social insurance number in order to receive a bursary.)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Day Month Year

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3. Current Address: (Cheque will be mailed to this address unless indicated otherwise)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent Address: (If different from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(H) Telephone #:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (W) Telephone # : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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4. Are you currently employed or have you been employed within the past three months with any regional health authority? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate which authority:

Eastern Health: \_\_\_\_ Central Health: \_\_\_\_ Western Health: \_\_\_\_ Labrador-Grenfell Health: \_\_\_\_

Date employment commenced/ended: \_\_\_\_\_ to \_\_\_\_\_

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**PART B: ACADEMIC INFORMATION (PLEASE PRINT)**

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a) Name and Address of Educational Institution:  _____ <b>School</b>  _____ <b>Address</b>  _____ <b>Address</b> _____/_____/_____ <b>City Province Postal Code</b>  _____ <b>Telephone Number</b>	b) Bachelor of Nursing Program Information:  ____/_____ Month Year <b>Program Start Date</b>  ____/_____ Month Year <b>Program Completion Date</b> (not graduation date)
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6. I am a Canadian citizen: Yes: \_\_\_\_\_ No: \_\_\_\_\_

I am a landed immigrant or have permanent resident status: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
(Please attached a copy of your certificate)

I am currently a resident of Newfoundland and Labrador: Yes: \_\_\_\_\_ No: \_\_\_\_\_

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**PART C: IDENTIFY THE REGIONAL HEALTH AUTHORITY FOR SERVICE AGREEMENT**

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7. a) Please indicate the regional health authority where you plan to work to meet the service agreement. PLEASE CHECK ONLY ONE.

Eastern Health: \_\_\_\_ Central Health: \_\_\_\_ Western Health: \_\_\_\_ Labrador-Grenfell Health: \_\_\_\_

b) Please RANK the following sectors in order of preference. 1 = Most Preferred, 4 = Least Preferred.

Acute Care: \_\_\_\_ Long Term Care: \_\_\_\_ Home Care /Community Health: \_\_\_\_ Public Health: \_\_\_\_

c) Please indicate your preferred community and/or facility: \_\_\_\_\_

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**PART D: REFERENCES**

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8. Name two persons (other than immediate relatives) who may be contacted to provide reference to your academic achievements / work experience.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Position: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Position: \_\_\_\_\_

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**PART E: DECLARATION BY STUDENT**

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9. Conditions of Bursary:

- A service agreement must be signed between the student and the RHA prior to any funds being issued.
- The student must maintain continuous full-time status in the Bachelor of Nursing program during the academic year for which the bursary is provided.
- According to Canadian tax regulations, students must have a Social Insurance Number in order to receive a bursary. The appropriate T4A/T4 will be issued for funds disbursed in each calendar year. All bursaries must be reported as a bursary payment on any student loan applications.

10. Declaration by Student:

- I hereby certify that the information given on this application is complete and true to the best of my knowledge and belief.
- I declare that the Government of Newfoundland and Labrador and the regional health authorities have my authorization to collect information about me and exchange information about me, as it considers necessary, from any level of government in Canada, supplied references, and education institutions. And collection, use or disclosure of personal information is in accordance with privacy legislation.

\_\_\_\_\_  
 Date of Application

\_\_\_\_\_  
 Signature of Student

**Email or mail the completed form to the regional health authority where you plan to work to meet the service agreement. Regional health authorities who preferred to receive applications via mail are identified with an \*.**

<p><b>*Labrador-Grenfell Health</b>            Della Shouse            Recruitment and Retention Coordinator            Email: Della.shouse@lghealth.ca            Tel: (709) 897-2364</p> <p>Mailing Address:            Labrador Health Center            Labrador-Grenfell Health            P.O. Box 7000, Station C            Goose Bay, Labrador            AOP 1C0</p>	<p><b>Eastern Health</b>            Janine Hickey            Human Resources Strategist            Email: janine.hickey@easternhealth.ca            Tel 1: (709) 777-3730            Tel 2: 1 888 866-1333</p> <p>Tracy Harris            Regional Nursing Recruitment Consultant            Email: tracy.harris@easternhealth.ca            Tel 1: (709) 777-1613            Tel 2: 1 888 866-1333</p>
<p><b>Western Health</b>            Marilyn Elliott            Recruitment Officer            Email: marilynelliott@westernhealth.nl.ca            Tel: (709) 637-5367</p>	<p><b>*Central Health</b>            Joanne Sullivan            Recruitment            Email: joanne.sullivan@centralhealth.nl.ca            Tel: (709) 292-2142</p> <p>Mailing Address:            Central Health Regional Offices            21 Carmelite Road            Grand Falls – Winsor, NL A2A 1Y4</p>