



**April 2010-March 2011
Grant Program for Bachelor of Nursing Practice Courses
Release Form**



The Grant Program assists Bachelor of Nursing (Collaborative) students with the pursuit of education in Nursing. It is available to students enrolled in either NURS 3523 Extended Practice III or NURS 4516 Consolidated Practicum. Both generic Bachelor of Nursing and Fast Track students qualify for the grant.

DEADLINE: One month prior to start of course

Grant Requested: _____

NURS 3523 _____ NURS 4516 _____

Part A.

Surname: _____ Given Name: _____
 Previous Name (If applicable): _____

Part B.

Social Insurance No.: _____
 (Canada Revenue Agency regulations require the submission of a social insurance number in order to receive a grant.)

Date of Birth: ____/____/____
 Day Month Year

Part C. 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: _____

Declaration by Student:

- I hereby certify that the information given on this release 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.
- The appropriate T4A will be issued for funds disbursed in each calendar year.

 Date of Release

 Signature of Student

Please mail or fax form to:

Newfoundland and Labrador Health Boards Association
 Administrative Officer, Recruitment and Retention Fund for Nurses
 2nd Floor, Beothuck Building, 20 Crosbie Place
 St. John's, NL A1B 3Y8
 Tel: 709-364-7701 Fax: 709-364-6460