



**April 2010-March 2011
Grant Program for Nurse Practitioners
Application Form**

The Grant Program for Nurse Practitioners provides residents of Newfoundland and Labrador who are enrolled in an accredited nurse practitioner program in Canada with a \$5000 grant. The recipient will be required to commit to a one year service agreement, as a nurse practitioner or registered nurse, in Newfoundland and Labrador upon completion of the nurse practitioner program.

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.

DEADLINE: January 31st or 3 months before Graduation, whichever occurs first

PART A: PERSONAL INFORMATION (PLEASE PRINT)

1. Surname: _____ Given Name: _____ Initial: ____
Previous Name (If applicable): _____

2. Social Insurance No.: _____ Female: _____ Male: _____
(Canada Revenue Agency regulations require the submission of a social insurance number.)
Date of Birth: ____/____/____
Day Month Year

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: _____

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 one:

Eastern Health: ____ *Central Health:* ____ *Western Health:* ____ *Labrador-Grenfell Health:* ____

Date employment commenced/ended: _____ to _____

PART B: ACADEMIC INFORMATION (PLEASE PRINT)

5.

<p>a) Name and Address of Educational Institution:</p> <hr/> <p>School</p> <hr/> <p>Address</p> <hr/> <p>Address</p> <hr/> <p>City Province Postal Code</p> <hr/> <p>Telephone Number</p>	<p>b) Nurse Practitioner Program Information:</p> <hr/> <p>___ / ___ ___</p> <p>Month Year</p> <p>Program Start Date</p> <hr/> <p>___ / ___ ___</p> <p>Month Year</p> <p>Program Completion Date (not graduation date)</p>
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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: _____

PART C: IDENTIFY THE EMPLOYER FOR SERVICE AGREEMENT

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: _____

PART D: REFERENCES

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: _____

PART E: DECLARATION BY APPLICANT

9. Conditions of Grant:

- A service agreement must be signed between the approved applicant and the employer prior to any funds being issued.
- According to Canadian tax regulations, students must have a Social Insurance Number in order to receive a grant. The appropriate T4A will be issued for funds disbursed in each calendar year. All grants must be reported as a payment on any student loan applications.

10. Declaration by Applicant:

- 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 Applicant

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

<p>*Labrador-Grenfell Health 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>*Central Health Trudy Stuckless Chief Nursing Officer Email: trudy.stuckless@centralhealth.nl.ca Tel: (709) 292-2320</p> <p>Mailing Address: Central Health Regional Offices 21 Carmelite Road Grand Falls – Winsor, NL A2A 1Y4</p>
<p>Western Health Marilyn Knee Recruitment Officer Email: marilynknee@westernhealth.nl.ca Tel: (709) 637-5367</p>	<p>Eastern Health Janine Hickey Human Resources Strategist Email: janine.hickey@easternhealth.ca Tel 1: (709) 777-3730 Tel 2: 1 888 866-1333</p>