

PART B: ACADEMIC INFORMATION (PLEASE PRINT)

5.

a) Name and Address of Educational Institution:	b) Re-Entry Program Information:
<hr/> School <hr/> Address <hr/> Address <hr/> City / Province / Postal Code <hr/> Telephone Number	<hr/> ____/____ Month Year Program Start Date <hr/> ____/____ Month Year Program Completion Date (not graduation date)

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.
- The approved applicant must maintain continuous full-time status in the Re-Entry program during the academic year for which the grant is provided.
- According to Canadian tax regulations, students must have a Social Insurance Number in order to receive a grant. The appropriate T4/T4A will be issued for funds disbursed in each calendar year. All grants must be reported as a grant 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 Elliott Recruitment Officer Email: marilynelliott@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>