



April 2010-March 2011
RN Re-Entry Program
Application Form

The Grant for Registered Nurse Re-Entry Program provides students enrolled in the RN Re-Entry Program with a \$2500 grant. In return for this grant, a student must commit to one year of worked service as a registered nurse with a regional health authority in Newfoundland and Labrador upon completion of the RN Re-Entry 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 in order to receive a bursary.)
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 authority:

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><b>School</b></p> <hr/> <p><b>Address</b></p> <hr/> <p><b>Address</b></p> <p>_____/_____/_____</p> <p><b>City</b>                      <b>Province</b>      <b>Postal Code</b></p> <hr/> <p><b>Telephone Number</b></p>	<p>b) Re-Entry Program Information:</p> <p>_____/_____-____-</p> <p>Month Year</p> <p><b>Program Start Date</b></p> <p>_____/_____-____-</p> <p>Month Year</p> <p><b>Program Completion Date</b> (not graduation date)</p>
---	--

---

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