

Newfoundland and Labrador Nurses' Union

Newfoundland and Labrador Health Boards Association

APPLICATION FOR FUNDED EDUCATIONAL LEAVE

PLEASE PRINT OR TYPE IN BLOCK LETTERS

A. GENERAL INFORMATION

Name in Full _____
Surname Given Name Initial

Present Address _____ Phone (home) _____
Postal Code _____

Permanent Address _____ Phone _____
(Where mail will always reach you)
Postal Code _____

Email Address _____ Fax _____

Current Employer (Site/Board) _____ Phone (work) _____

NLNU Branch No. _____

B. PROPOSED EDUCATION PROGRAM

Name of Program _____

Education Institution/Location _____

Segment of Program Completed to Date _____

Segment of Program Left To Be Completed _____

Segment of Program for which Funding is Requested:

1. For University Programs, complete the following (Day / Month / Year):

| | Semester I | Semester II | Semester III |
|--------------------|------------|-------------|--------------|
| First Day of Class | _____ | _____ | _____ |
| Last Day of Exams | _____ | _____ | _____ |

OR

2. For Other Programs, Complete the Following (Day / Month / Year):

Date of Program Commencement/First Day of Class _____

Date of Program Completion/Last Day of Exams _____

C. EDUCATION

List post-secondary institutions attended; diploma/certificate/degree obtained; most recent first:

| Diploma/Certificate/Degree | Institution | Dates |
|----------------------------|-------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

D. WORK EXPERIENCE

List most recent first

| Board/Site | Position | Dates of Employment |
|------------|----------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

E. CONTRIBUTIONS/ACTIVITIES

Newfoundland and Labrador Nurses' Union (include Branch and Provincial activities)

List all participation in other organizations/committees to demonstrate actual contribution or potential for future contribution to nursing. (Indicate position/office held and dates of contribution.)

F. REFERENCES

List the names of two persons from whom you will be requesting references.

1. _____ Phone _____
2. _____ Phone _____

The referees (not related) must have known you for a minimum of one year and be able to indicate your actual and/or potential for contribution to nursing practice. One referee must be a nurse manager in the employing agency. **Referees are to complete the attached reference forms and forward to the Education Leave Fund Committee.**

G. Further information which you think might be pertinent to this application.

H. Please submit the following with application:

1. A statement (200-300 words, maximum) showing the relevance of your education program to your future nursing practice.
2. Letter of Appointment as specified in Criterion 11 in the Criteria for Application.

11. *In order to determine the amount of educational leave funding, the candidate must submit **from her/his employer**:*

11.1 *Full-time status – a letter of appointment indicating employment status and verification for current classification and step.*

11.2 *Part-time status – a letter of appointment indicating employment status and biweekly guaranteed hours and verification of current classification and step.*

3. Employer(s) verification of hours worked to establish five years of full-time service in the province as outlined in Criterion 12 in the Criteria for Application:

12. *In order to determine if the candidate has been employed the equivalent of five years of full-time regular hours with employers outlined in Schedule “C” of the NLNU Collective Agreement, the candidate must submit a letter **from her/his employer(s)** indicating hours worked to establish five years full-time equivalent in the province.*

4. The education program’s definition of full-time study normally found in the program calendar.
5. A signed undertaking agreeing to a return in service, as per Article 23.04(g).

I. Please submit the following as soon as available:

1. Verification of approved leave of absence as outlined in Article 23.03 of the NLNU Collective Agreement.
2. Official proof of acceptance and enrolment as a **full-time student** into the education program for which funding is being requested.

I hereby verify that the information given in this application is true and correct.

Signature of Applicant

Date

Please return the completed form and related documents no later than **April 30, 2004**. For further information or help in completing this form, please call Judy Boone at Union Office via telephone: (709) 753-9961 or 1-800-563-5100, or via email at jboone@nlnu.nf.net.

Incomplete and/or late applications will not be processed. The Applicant is responsible for ensuring that the application is complete.

Return to: Newfoundland and Labrador Nurses' Union
Educational Leave Fund Committee
P.O. Box 416
St. John's, NL A1C 5J9
Attention: Judy Boone, Secretary

Reference for Funded Educational Leave

To Be Completed by Applicant:

Name: _____

Program Applied For: _____

Address: _____

Postal Code: _____ Phone (home): _____

Email: _____ Phone (work): _____

To Be Completed by Referee:

How long have you known the Applicant? _____

In what capacity? _____

When comparing the applicant's performance with that of other nurses you work with, how would you rate her/his performance on a scale of 1 (lowest) to 5 (highest)?

| | Rating | | | | | Inadequate opportunity to observe |
|-----------------------------|--------|---|---|---|---|-----------------------------------|
| Clinical Skills | 1 | 2 | 3 | 4 | 5 | _____ |
| Leadership Skills | 1 | 2 | 3 | 4 | 5 | _____ |
| Initiative | 1 | 2 | 3 | 4 | 5 | _____ |
| Interpersonal Relationships | 1 | 2 | 3 | 4 | 5 | _____ |
| Analytical Skills | 1 | 2 | 3 | 4 | 5 | _____ |
| Communication Skills | 1 | 2 | 3 | 4 | 5 | _____ |

Major Strengths: _____

Opportunities for Improvement: _____

Additional Comments: _____

Name of Referee: _____ Signature: _____

Position: _____ Date: _____

Address: _____

Reference for Funded Educational Leave

To Be Completed by Applicant:

Name: _____

Program Applied For: _____

Address: _____

Postal Code: _____ Phone (home): _____

Email: _____ Phone (work): _____

To Be Completed by Referee:

How long have you known the Applicant? _____

In what capacity? _____

When comparing the applicant's performance with that of other nurses you work with, how would you rate her/his performance on a scale of 1 (lowest) to 5 (highest)?

| | Rating | | | | | Inadequate opportunity to observe |
|-----------------------------|--------|---|---|---|---|-----------------------------------|
| Clinical Skills | 1 | 2 | 3 | 4 | 5 | _____ |
| Leadership Skills | 1 | 2 | 3 | 4 | 5 | _____ |
| Initiative | 1 | 2 | 3 | 4 | 5 | _____ |
| Interpersonal Relationships | 1 | 2 | 3 | 4 | 5 | _____ |
| Analytical Skills | 1 | 2 | 3 | 4 | 5 | _____ |
| Communication Skills | 1 | 2 | 3 | 4 | 5 | _____ |

Major Strengths: _____

Opportunities for Improvement: _____

Additional Comments: _____

Name of Referee: _____ Signature: _____

Position: _____ Date: _____

Address: _____
