



Health and Wellness

Recruitment and Retention Secretariat  
 16 Fitzroy Street, 3rd Floor Sullivan  
 PO Box 2000  
 Charlottetown, PE C1A 7N8

## PEI PHYSIOTHERAPY SPONSORSHIP PROGRAM APPLICATION FORM

Application DEADLINE: February 18, 2019

This application form is for students who:

**are enrolled in the final year (continuous full-time) of an accredited Master's of Science in Physiotherapy Program (or equivalent program) with plans to graduate in 2019.**

- Sponsorships of \$20,000 (for a three year return-in-service agreement) will be offered to selected candidates in return for full-time employment to Health PEI.
- Selected candidates must successfully pass an employment interview and reference checks prior to an employment offer.
- Preference will be given to Prince Edward Island residents.

To accompany application:

- 1) **Latest official transcripts.** It is the applicant's responsibility to provide, or have their educational institution provide the Recruitment and Retention Secretariat with their latest official transcripts; and
- 2) **Written essay (max 500 words).** Attach an essay describing why you would be an asset to Health PEI's physiotherapy services.

### 1. APPLICANT INFORMATION (Please Print):

First Name _____ Middle _____ Last Name _____					
Previous name if applicable			<i>Alternate Contact, excluding spouse and children (Mandatory)</i>		
Number, Street, PO Box			Name and Telephone #		
City	Prov.	Postal	Number, Street, PO Box		
Telephone#	Alternate Tel #		City	Prov.	Postal
Email			Email		

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**2. ACADEMIC INFORMATION (Please Print):****Name and address of educational institution**Date of expected program completion \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
month / year\_\_\_\_\_  
Educational Institution:\_\_\_\_\_  
Number, Street & PO Box:

City	Prov. (Abbr.)	Postal Code
Telephone #		

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In return for a sponsorship, successful applicants are required to sign a Return-In-Service (RIS) agreement with the Government of Prince Edward Island and Health PEI. The RIS agreement is a commitment of the applicant to fulfill 5,850 hours (3 years) of full-time employment upon graduation in the area of greatest need within the province. This location is determined by the employer. If these conditions are not met, students will be required to return the sponsorship funds received.

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**4. RESIDENCE STATUS:** I am a Canadian Citizen.  Yes  No

If no:

I have permanent resident status or I am an international student  Yes  No

*Note: To guarantee an applicant will be able to fulfill the terms of the agreement, you are required to be a Canadian Citizen, have permanent resident status, or an international student with plans to apply for a post graduate work permit upon program completion.*

**What is your province of legal residence?**  
\_\_\_\_\_

To be considered a resident of PEI, you must have graduated from a PEI high school, or are a dependent student whose parents/guardians are PEI residents, or have lived in PEI for greater than or equal to 12 months while NOT a student at any post-secondary institution.

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## 5. REFERENCES

Please provide the names of two references who would be able to address questions about your clinical experience as part of your physiotherapy program, i.e. clinical instructor, a preceptor, or direct supervisor in a clinical setting.

**Recruitment and Retention Secretariat will be sending you the reference form which you will send directly to your references. Your references will send the completed reference directly to Recruitment and Retention Secretariat by email or fax: 902-620-3875.**

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Reference Name	Email
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Title & Learning Institution/Employer

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Reference Name	Email
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Title & Learning Institution/Employer

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## 6. DECLARATION BY APPLICANT:

- A) I hereby certify the information given on this application is complete and true in all respects.
- B) I declare that the PEI Department of Health and Wellness has my authorization to collect information about me and exchange information about me, as it considers necessary, from any level of government in Canada and education institutions. Any collection, use, or disclosure of personal information must be in accordance with the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1998, c. F-15.01.

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Application Date

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Student Signature

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**NOTE:** Personal information on this form is collected under section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c. F-15.01, as it relates directly to and is necessary for the PEI Physiotherapy Sponsorship Program and will be used for this purpose. If you have any questions about this collection of personal information, you may contact the Recruitment and Retention Secretariat.

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### OTHER:

It is your responsibility to ensure that all relevant information has been included and/or attached. Incomplete applications will not be considered.

### FOR INFORMATION/EMAIL YOUR COMPLETED APPLICATION TO:

Recruitment & Retention Secretariat  
**Attention: PEI Physiotherapy Sponsorship Program**  
PEI Department of Health and Wellness  
[healthrecruiter@gov.pe.ca](mailto:healthrecruiter@gov.pe.ca) (902) 620-3872