



Health and Wellness

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

Bachelor Degree in Nursing
4 year program and accelerated program

SPONSORSHIP APPLICATION FORM

Application DEADLINE: June 1, 2017

This application form is for students who have completed:

- three years of an accredited Canadian Bachelor Degree in Nursing Program and are entering the fourth year in September 2017

OR

- at least one year of an accelerated accredited Canadian Bachelor Degree of Nursing Program.

Preference will be given to applicants with an overall average of 80% in their nursing courses. Students may be invited to write a monitored on-line test. Reference checks will be part of the competitive process. Sponsorship will be offered to the top candidates in return for two years of committed service to Health PEI.

To accompany application:

- **Latest official transcripts.** It is the applicant's responsibility to have their educational institution provide the Recruitment and Retention Secretariat with their latest official transcripts. **These transcripts must include all your nursing courses up to May 2017.**
- The applicant must maintain continuous full-time status as determined by the attending Canadian university in a Bachelor Degree in Nursing program.
- The sponsorship amount is \$4,800.
- Preference will be given to Prince Edward Island residents.
- In return for a sponsorship, successful applicants are required to sign a Return-In-Service (RIS) agreement with the PEI Department of Health and Wellness and Health PEI. The RIS agreement is a commitment of the applicant to fulfill 3900 hours (2 years) of employment upon graduation.
- Sponsored students must successfully pass the NCLEX and an employment interview as a condition of employment. If these conditions are not met, students will be required to return the sponsorship funds received.

1. APPLICANT INFORMATION (Please Print)

First Name _____					
Middle Name _____					
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
E-Mail Address			E-Mail Address		

NOTE: Cheques for successful applicants will be mailed to the address provided. Therefore, it is important to notify Recruitment and Retention Secretariat of any address change.

2. ACADEMIC INFORMATION (Please Print):

a) Name and address of educational institution:

Educational Institution

Number, Street & PO Box

b) Check one: Are you in:

4 year BN program _____

OR

Accelerated BN program _____

c) Date of expected program completion ____/____/____
month / year

City	Prov. (Abbr.)	Postal Code
Telephone #		

3. Please indicate in order of preference, the health care facility where you would like to work as part of the Return-In-Service (RIS) requirement.

1. _____
2. _____
3. _____

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

If no:

I am a landed immigrant or have permanent resident status. Yes No
(Please attach a copy of your certificate)

Note: To guarantee an applicant will be able to fulfill the terms of the agreement, you are required to be a Canadian Citizen or have landed immigrant or permanent resident status at the time of application.

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 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.

5. REFERENCES

Please provide the names of two references who would be able to address questions about your clinical experience as part of your nursing program, i.e. nursing clinical instructor, course coordinator.

I hereby give permission for Recruitment and Retention Secretariat to contact the following references:

Reference Name

Email

Title & Learning Institution

Daytime Phone #

Reference Name

Email

Title & Learning Institution

Daytime Phone #

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.

Application Date

Student Signature

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 Bachelor Degree in Nursing 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.

OTHER:

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

ADDITIONAL INFORMATION:

- If you have questions or require assistance, please contact us by:
 - Telephone: 902-620-3872 or 902-620-3874 or Fax: 902-620-3875
 - E-mail: healthrecruiter@gov.pe.ca

SUBMIT YOUR COMPLETED APPLICATION TO:

Recruitment & Retention Secretariat
Attention: BN Sponsorship
PEI Department of Health and Wellness
16 Fitzroy Street, 3rd Floor Sullivan Building
P.O. Box 2000
Charlottetown, PE C1A 7N8