



DEPARTMENT OF HEALTH

BACHELOR DEGREE IN NURSING
SUMMER EMPLOYMENT PROGRAM
Application Form

1. Name: Last First Middle

2. Address: Phone: Postal Code:

2a. Civic Address Number: E-Mail address:

3. Date of Birth: Month Day Year

4. Are you presently enrolled in a Bachelor Degree in Nursing Program? Yes No Where?

5. If so, what year will you have completed as of May 2006? 1st 2nd 3rd

6. Will you return to school in the Nursing Program this fall? Yes No

7a. Have you previously been employed with any P.E.I. Health System Summer Student Employment Program? Yes No If yes, where:

Employment Dates to

Position/Type of Employment

7b. Other Work Experience: List employer's name, address, length and type of employment.

[Blank lines for work experience]

8. Volunteer Experience:

9. Languages spoken: English French Languages written: English French

10. Dates available for work: From: To:

11. Preferred Work Location/Site: (Indicate top 3 priority) A) B) C)

12. Please indicate which nursing field you are interested in:

[Blank line for nursing field]

13. Person to be notified in event of emergency:

Name Phone

14. I certify that the information on this application is true and complete.

Date: Signature:

APPLICATIONS MUST BE RECEIVED AT THE FOLLOWING LOCATION BY MAY 12th, 2006.

Department of Health
Attn: BN Summer Employment
16 Garfield Street
P.O. Box 2000
Charlottetown, PEI C1A 7N8
Phone: (902) 620-3420 Fax: (902) 368-6136

Note: 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.

Office Use: