

MINISTRY OF HEALTH AND LONG-TERM CARE

TUITION SUPPORT PROGRAM FOR NURSES

***ACCEPTANCE OF MINISTRY OFFER AND CONSENT TO COLLECTION
AND DISCLOSURE OF PERSONAL INFORMATION***

A. I, _____, wish to inform you that I accept the Ministry of Health and Long-Term Care's offer of a reimbursement of tuition fees in exchange for return of service in an eligible underserved community and facility, in accordance with the Ministry's Tuition Support Program for Nurses ("Program"), and accordingly I agree to fulfill all of the terms and conditions of that Program.

B. I authorize the Ministry to collect from, and/or disclose to, the following bodies or persons all of my personal information that is pertinent to my participation in the Program and to the fulfillment of my commitment to return service in an eligible underserved community and eligible facility:

(i) the following Canadian universities, colleges and facilities from which I have successfully graduated from an accredited nursing program:

1. _____

2. _____

3. _____

(ii) the following hospital, facility, clinic, office or agency ("facility") in a Ministry-approved eligible underserved community (as set out in my Confirmation of Employment) where I propose to return service under the Program:

Name of facility

Name of community

Where I wish to return service in more than one facility and/or underserved community, the following additional facility and/or community:

Name of facility

Name of community

C. I also agree to participate fully in one or more evaluation or other similar studies of the Program at the direction of the Ministry.

Signed

Date

The Ministry of Health and Long-Term Care is authorized to collect the personal information described in this form for the purpose of properly administering the Ministry's Tuition Support Program for Nurses. The personal information will be used to facilitate the nurse's participation in the Program, including the facilitation of the individual's return-of-service commitment to a health care facility in a Ministry-approved underserved community, in accordance with the guidelines of the Program.

For more information concerning the collection of the personal information and the Program, please write, telephone or fax:

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Primary Health Care Team
Underserved Area Program
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Sudbury ON P3E 6A5
Tel: (705) 564-7280 or 1-866-727-9959
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