



APPLICATION: RELOCATION GRANT FOR HEALTH WORKFORCE EMPLOYEES

I PERSONAL DATA				CONTACT INFORMATION OF CLOSE RELATIVE (NOT LIVING WITH YOU)		
Surname	First Name	Initial	Male/Female	Surname	First Name	Initial
Current Address Street City/Town/Province/Country Postal Code				Address Street City/Town/Province/Country Postal code		
Current E-mail Addresses 1. 2.				Current E-mail Addresses 1. 2.		
Current Phone Numbers Home Other				Current Phone Numbers Home Other		
Do you have landed immigrant status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of verification.		Are you foreign trained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of verification.	Are you a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Saskatchewan Health is committed to building opportunities for full participation by Aboriginal people in health-related occupations. Do you consider yourself to be an Aboriginal person? (First Nation, Metis or Inuit): <input type="checkbox"/> Yes <input type="checkbox"/> No		
II SASKATCHEWAN HEALTH WORKFORCE POSITION (THAT YOU HAVE RELOCATED TO WITHIN THE PAST 12-MONTHS OF YOUR START DATE)						
Position Title	Employment Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Term <input type="checkbox"/>	Name and Address of Employer Start Date:		*Please attach a copy of your signed Letter of Offer or written confirmation from the eligible employer confirming full-time, part-time, or term employment (signed by the employer and employee). *Employment must have commenced after the start date of the program on October 18, 2006. *Please attach documentation of the completion of your program(s) of study or training (e.g. copy of degree, diploma, or certificate).		
III RELOCATION BACKGROUND INFORMATION						
Where are you relocating from (city, province, country)? How long did you live there prior to accepting a position in Saskatchewan (years)? What position did you hold prior to accepting this one (title)? Are you a new graduate? (completed your program of study or training within the past one year) <input type="checkbox"/> Yes <input type="checkbox"/> No Did you apply for a Saskatchewan Health Northern/Rural/Hard to Recruit Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No				In making a decision to relocate to this position in Saskatchewan, did the grant: <input type="checkbox"/> Strongly contribute to your decision? <input type="checkbox"/> Have no impact on your decision? <input type="checkbox"/> Provide one of many factors contributing to your decision? <input type="checkbox"/> Other (please describe) How did you hear about this grant program? <input type="checkbox"/> www.HealthCareersInSask.ca <input type="checkbox"/> Saskatchewan Health Website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Career Fair <input type="checkbox"/> Other (please describe)		



Saskatchewan Health

3475 Albert Street
Regina, Canada
S4S 6X6

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NAME

Surname

First Name

Initial

IV RETURN IN SERVICE

To receive the Relocation Grant, recipients are required to sign a formal return in service agreement to work in Saskatchewan for 12 months, full time equivalent hours to be provided within two years. Employment must be with an eligible employer within the province of Saskatchewan as approved by the Minister. Each Saskatchewan Health grant accessed must be served consecutively (one after the other) as per the terms outlined under each grant agreement. Recipients are not re-eligible to apply for a Saskatchewan Health Relocation Grant if they have received a Saskatchewan Health Relocation Grant previously. This grant is a taxable benefit.

Have you entered, or plan to enter, into any other financial arrangement with a return in service agreement?

Yes No

If "YES", please explain (attach an additional page if necessary):

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief.

Signature of Applicant

Date

Mail Completed Form To:

Grant Administration
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6
Phone: 787-7955

[CLICK HERE](#) to access the Relocation Grant Information Sheet

For More Information:

www.health.gov.sk.ca
www.HealthCareersInSask.ca

Checklist For Administration Use Only

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| Signed Letter of Offer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Met Deadline | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Completed Application Form | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Confirmation of Program/Training Completion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Documentation of Landed Immigrant Status | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Documentation of Foreign Training | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Eligible Employer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| New Graduate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Applied for a Northern/Rural/Hard to Recruit Grant | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |