

RELATED REFERENCES

Please provide names of two individuals who can verify relevant experiences detailed above

1. Name: Occupation:	Phone Number: email address	Address: Street City/town Postal code
2. Name: Occupation:	Phone Number: email address	Address: Street City/town Postal code

RETURN IN SERVICE

Bursary recipients are required to sign a formal agreement to work in Saskatchewan, after completion of training, in publicly funded employment approved by the Minister for a specified period of time.

Please indicate if you have a preference to work in any of the following locations upon graduation: (place an "x" beside any community/communities of interest):

Regina Saskatoon Other Cities **Have you entered, or plan to enter, into any other financial arrangement with a return service agreement?** Yes No If "YES", please explain:**To Be completed by the Nurse Applying for this bursary:**

1. What community will the applicant be practising in? _____
2. How will this community benefit from the specialized training the applicant plans to take? _____
3. Has the applicant been in contact with the Human Resource Branch about possible positions in the RHA?
Please Elaborate: _____
4. Is the applicant prepared to complete a return service commitment to work in this Regional Health Authority?
 Yes No

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

Signature of Applicant Date

I hereby endorse this applicant for this bursary.

Signature of Human Resources Personnel DateREGIONAL HEALTH AUTHORITY

Mail Completed Form To:
Bursary Administration
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6
Phone: 787-7955
E-Mail:
bursary@health.gov.sk.ca
Website: www.health.gov.sk.ca