Health	475 Albert Street legina, Canada 485 6X6 APPLICATION FOR SASKATCHEWAN HEALT BURSARY 2006/2007 ADVANCED NURSING DISCIPLINES				7		
			ADVANCE	D NURSIN	IG DISC	IPLINES	
Checklist For A Only Document Confirming En Saskatchewan Resident Eligible Program	Yes [	• No No No	2.Do you have a (HSN)?	, HSN*: t provision of yc are a Saskatch	ewan Health our HSN is v newan reside	oluntary. It will be used ent and not to access or	
Have you previously bee	lied for a Saskatchewan He n awarded a Saskatchewan n to enter, into any other fin n service agreement?	Health E	Bursary?	] Yes [ ] Yes [ ] Yes [	☐ No ☐ No ☐ No I	f "YES", please explain:	
			Current phone r	numbers:			
Surname First r	name Initial Male/F	emale	Home		Other		
Current Address street			Current e-mail a 1.	ddresses:	2.		
city/town	postal code		Date of Birth:	\ Year Mor	<b>\</b> hth Day		
CONTACT INFORMATION FOR CLOSE RELATIVE (NOT LIVING WITH YOU)							
Surname	First na	ame	Ir	nitial			
Current Address (street, city/town, postal code)							
Phone Numbers: Hom	e	Other					
Email Address:							
Saskatchewan Health is committed to building opportunities for full participation by Aboriginal people in health-related occupations. Do you consider yourself to be Aboriginal (Indian, Metis or Inuit)?							
EDUCATIONAL PROGRAM (for which you are requesting bursary assistance)    Program Name:							
PREVIOUS EDU							
Type of Institution	Name of Institution		on (community Province)	Certificate/ Degree Held		Date Completed	
High School							
College or University							
Other							
2							

Surname

me First Name Initial

<b>RELATED REFERENCES</b> Please provide names of two individuals who can verify relevant experiences detailed above								
1. Name:	Phone Number:	Address:						
		Street						
Occupation:	email address	City/town Postal code						
2. Name:	Phone Number:	Address:						
2. Name:	Phone Number:							
Occupation:	email 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    Have you entered, or plan to enter, into any other financial arrangement with a return service agreement?    Yes  No								
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?								
I hereby certify that all information and statements r are true and complete to the best of my knowledge								
Signature of Applicant Dat	te	Mail Completed Form To:						
I hereby endorse this applicant for this bursary.     Signature of Human Resources Personnel  Date	ate	Bursary Administration Saskatchewan Health 3475 Albert Street Regina, SK S4S 6X6 Phone: 787-7955 E-Mail: bursary@health.gov.sk.ca						
REGIONAL HEALTH AUTHORITY		Website: <u>www.health.gov.sk.ca</u>						