



APPLICATION FOR SASKATCHEWAN HEALTH BURSARY (2006-07) CLINICAL PLACEMENT

Checklist For Administration Use Only

- Document Confirming Yes No
- Saskatchewan Resident Yes No
- Experience Question Yes No
- Return-Service Question Yes No

- Are you a Saskatchewan Resident? Yes No
- Have you ever lived in Saskatchewan? Yes No
- If you answered "yes" to question 1 or 2, please indicate when:
From: _____ To: _____
Year Year
- Do you have a valid Saskatchewan Health Services Number (HSN)? Yes, HSN*: _____ No

*Please note that provision of your HSN is voluntary. It will be used to verify that you are a Saskatchewan resident and not to access or link with medical records or health services received by you.

- Have you previously applied for a Saskatchewan Health Bursary? Yes No
- Have you previously been awarded a Saskatchewan Health Bursary? Yes No

Surname _____ First name _____ Initial _____ Male/Female _____

Current Address
street _____
city/town _____ postal code _____

Current phone numbers:
Home _____ Other _____

Current e-mail addresses:
1. _____
2. _____

Date of Birth: ____\ ____\ ____\ ____
Year Month Day

CONTACT INFORMATION OF CLOSE RELATIVE (NOT LIVING WITH YOU:)

Surname _____ First name and initial _____

Address (street,city/town, postal code) _____

E-mail address: _____

Phone numbers:
Home _____ Other _____

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)? Yes No

CLINICAL PLACEMENT (for which you are requesting bursary assistance)

Location of Clinical Placement: _____

Attach a letter or other document showing you have been selected for placement from a Regional Health Authority or another publicly funded healthcare organization.

Clinical Start Date: _____
Month & Year

Clinical Completion Date: _____ **Final completion date of Training Program** _____
Month & Year Month/Year

Specify your professional designation upon completion of training

EDUCATION

Type of Institution	Name of Institution	Location (community name, Province)	Certificate/ Degree Held	Date Completed
High School				
College or University				
Other				

NAME														
Surname	First Name	Initial												
<p>EXPERIENCE</p> <p>Please attach a description (up to one page in length) of any clinical or “hands-on” experiences you have had that directly relate to your educational and career goals. This may include paid work, volunteer, educational practicums, or personal experience. For each experience indicate:</p> <ol style="list-style-type: none"> 1. Where it took place (setting/site and geographic location in province). 2. What you did (duties/responsibilities). 3. How it relates to or influenced your career choice. 														
<p>RELATED REFERENCES</p> <p>Please provide names of individuals who can verify relevant experiences detailed above.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">1. Name:</td> <td style="width: 20%; padding: 5px;">Phone Number:</td> <td style="width: 40%; padding: 5px;">Address:</td> </tr> <tr> <td style="padding: 5px;">Occupation:</td> <td style="padding: 5px;">email address</td> <td style="padding: 5px;">Street City/town Postal code</td> </tr> <tr> <td style="padding: 5px;">2. Name:</td> <td style="padding: 5px;">Phone Number:</td> <td style="padding: 5px;">Address:</td> </tr> <tr> <td style="padding: 5px;">Occupation:</td> <td style="padding: 5px;">email address</td> <td style="padding: 5px;">Street City/town Postal code</td> </tr> </table>			1. Name:	Phone Number:	Address:	Occupation:	email address	Street City/town Postal code	2. Name:	Phone Number:	Address:	Occupation:	email address	Street City/town Postal code
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<p>RETURN IN SERVICE</p> <p>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 know that the first option for Return in Service will be in the location where you have completed your clinical Placement.</p> <p>Please attach a description (up to one page in length) outlining why you plan to live and work in Saskatchewan, including:</p> <ol style="list-style-type: none"> 1. Educational and career goals; and 2. Where, geographically, you plan and hope to be in five years and in ten years. <p>Please indicate your preference to work in any of the following locations upon graduation: (place an “x” beside any community/communities of interest):</p> <p>Regina <input type="checkbox"/> Saskatoon <input type="checkbox"/> Other Cities <input type="checkbox"/> Rural Saskatchewan <input type="checkbox"/> Northern Saskatchewan <input type="checkbox"/></p> <p>Applicants who are already in a return for service agreement with the Province of Saskatchewan, and is awarded this bursary, must serve the return in service consecutively.</p>														
<p>Information provided in your application will be kept confidential and will used to determine eligibility for the Saskatchewan Health Bursary Program. For bursary recipients, Saskatchewan Health officials may also use this information to maintain contact with you, until such time as your return-service commitment has been fulfilled.</p>														
<p>I hereby certify that all information and statements made in this application are true and complete to the best of my knowledge and belief.</p> <p>_____ Signature of Applicant</p> <p>_____ Date</p>		<p>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</p>												

NO APPLICATION DEADLINE