



APPLICATION FOR NURSING RE-ENTRY BURSARY (2006/07)

I PERSONAL DATA				CONTACT INFORMATION OF CLOSE RELATIVE (NOT LIVING WITH YOU)	
Surname	First name	Initial	Male/Female	Surname	First name and initial
Current Address street city/town postal code				Address street city/town postal code	
Current e-mail addresses: 1. 2.				E-mail addresses: 1. 2.	
Current phone numbers: Home Other				Phone numbers: Home Other	
<p>ARE YOU A SASKATCHEWAN RESIDENT?: Yes _____ No _____</p> <p>IF NOT, RESIDENT OF (PROVINCE) _____</p> <p>IF FOREIGN-TRAINED, DO YOU HAVE LANDED IMMIGRANT STATUS?: Yes _____ No _____</p> <p>IF YES, PLEASE ATTACH COPY OF VERIFICATION.</p> <p>DO YOU HAVE A VALID SASKATCHEWAN HEALTH SERVICES NUMBER (HSN)? Yes, HSN*: _____ No _____</p> <p>*PLEASE NOTE THAT PROVISION OF YOUR HSN IS VOLUNTARY. IT WILL BE USED TO VERIFY THAT YOU ARE A SASKATCHEWAN RESIDENT AND WILL NOT BE USED TO ACCESS OR LINK TO MEDICAL RECORDS OR HEALTH SERVICES RECEIVED BY YOU.</p>				<p>Saskatchewan Health is committed to building opportunities for full participation by Aboriginal people in health-related occupations.</p> <p>Do you consider yourself to be Aboriginal (Indian, Metis or Inuit)?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
II EDUCATIONAL PROGRAM (for which you are requesting bursary assistance)					
Program Name	Educational Institute	Program Start Date	Academic Time Remaining	Final Completion Date	
		_____ Month/Year	_____ # of Months/Year	_____ Month/Year	
Do you plan to register as (indicate all that apply):					
RN <input type="checkbox"/> RPN <input type="checkbox"/> LPN <input type="checkbox"/>					
III. EDUCATIONAL BACKGROUND					
Type of Institution	Name of Institution	Location (community name, Province)	Certificate/Degree Held	Date Completed	
College or University					
Other					



Saskatchewan Health

3475 Albert Street
Regina, Canada
S4S 6X6

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NAME		
Surname	First Name	Initial

IV EXPERIENCE
Please detail and attach a resume of your work experience beginning with your most recent employer.

V REFERENCES
(Please do not use family members as references.)

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

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

Please attach a description (up to one page in length) outlining why you plan to live and work in Saskatchewan, including:

- Educational and career goals; and
- Where, geographically, you plan to work and where you expect to be in 5 and in 10 years.

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

Regina Saskatoon Other Cities Rural Saskatchewan Northern Saskatchewan

Comments: _____

Have you entered, or plan to enter, into any other financial arrangement with a return service agreement? Yes No
If "YES", please explain:

<p>I hereby certify that all 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>
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