

**NURSES RECRUITMENT AND RETENTION FUND
APPLICATION FOR CONDITIONAL GRANT**

Completed original application forms should be forwarded to:

**Facilitator
Nurses Recruitment and Retention Fund
Room 1043A – 300 Carlton Street
Winnipeg, Manitoba
R3B 3M9**

SECTION A

Name: _____
Surname First Name

Address in Manitoba:

Street Name P.O. Box #

City/Town

Postal Code

Telephone Number – Home: --
Work: --

SECTION B

PLEASE ATTACH PHOTOCOPY OF MANITOBA REGISTRATION/LICENSE

Nursing Category: (check applicable box)

- Registered Nurse
- Registered Nurses (Extended Practice)
- Registered Psychiatric Nurse
- Licensed Practical Nurse

Photocopy of registration/license attached

- Yes
- No. If No, please explain: _____

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SECTION C

Which educational institute did you attend? _____

What is your date of graduation? Month____ Day____ Year____

What is the date of your initial registration with CRNM? Month____ Day____ Year____

SECTION D

Employment in Manitoba

Employer

Employer's Address

Position

Area

SECTION E

EMPLOYEE DECLARATION AND AGREEMENT

I declare that:

1. The above information is true and complete.
2. I have been employed continuously in the nursing profession in Manitoba since _____ and I intend to continue my employment as a nurse in Manitoba for not less than 12 months from that date.

I agree that if I am not employed in Manitoba as a nurse in a EFT of 0.6 or greater with an approved employer for the full 12 months *:

1. I will notify the Nurses Recruitment and Retention Fund in writing of the last day of employment immediately upon tendering my resignation or termination.
2. I will repay all of my financial assistance to the Nurses Recruitment and Retention Fund.

Name

Date

*I understand that my employment must be for a continuous term of 12 months. Manitoba *may* extend the time to complete the term of 12 months or grant temporary absences for pregnancy or health related matters. Each request will be examined on its own merits by the Nurses Recruitment and Retention Fund for a final decision.

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SECTION F

EMPLOYER CERTIFICATION AND AGREEMENT

We certify that:

1. _____ has been employed since _____ at a _____ EFT position by our organization.
2. We intend to employ this person for a period not less than 12 months at 0.6 EFT or higher in a position for which other qualified candidates were not available.
3. This individual was recruited from _____

WE AGREE THAT IF THIS PERSON LEAVES THIS ORGANIZATION BEFORE COMPLETING A FULL YEAR OF EMPLOYMENT, WE WILL PROVIDE WRITTEN NOTICE TO THE NURSES RECRUITMENT AND RETENTION FUND IMMEDIATELY UPON DETERMINING DATE OF TERMINATION.

Name

Date

Position

Organization Name

Telephone Number

Street Address

City/Town

Postal Code

PLEASE ATTACH A PHOTOCOPY OF THE LETTER OF OFFER

Checklist for completed application:

Have you filled out:

- _____ Section A
- _____ Section B
- _____ Section C
- _____ Section D
- _____ Section E
- _____ Section F

Have you attached a photocopy of:

- _____ your CRNM license
- _____ your letter of offer