



Health and Wellness

Recruitment and Retention Secretariat  
 16 Fitzroy Street, 3rd Floor Sullivan  
 PO Box 2000  
 Charlottetown, PE C1A 7N8

**Bachelor Degree in Nursing**

**SPONSORSHIP APPLICATION FORM**

**Application DEADLINE May 15, 2013**

**This application form is for students who have completed their third year of an accredited Canadian Bachelor Degree in Nursing Program and are entering their fourth year in September 2013.**

**NEW** Applicants to the BN Sponsorship program will now follow a new process. To be eligible to apply students must have an overall average of 80% in their nursing program. Only those qualified applicants will be invited to write a monitored on-line test. Those with the highest scores (transcripts and on-line test combined) will be referenced. Sponsorship will be offered to the top candidates in return for two years of committed service to Health PEI.

To accompany application:

- **Latest official transcripts.** It is the applicant's responsibility to have their educational institution provide the Recruitment and Retention Secretariat with their latest official transcripts. These transcripts must include years 1-3 of your nursing program.
- The applicant must maintain continuous full-time status as determined by the attending Canadian university in a Bachelor Degree in Nursing program.
- The sponsorship amount is \$4,800.
- Preference will be given to Prince Edward Island residents.
- In return for a sponsorship, successful applicants are required to sign a Return-In-Service (RIS) agreement with the PEI Department of Health and Wellness and Health PEI prior to any funds being issued. The RIS agreement is a commitment of the applicant to fulfill 3900 hours (2 years) of employment upon graduation.
- Sponsored students must successfully pass the Canadian Registered Nursing Exam and an employment interview as a condition of employment. If these conditions are not met, students will be required to return the sponsorship funds received.

**1. APPLICANT INFORMATION (Please Print)**

First Name	Middle Name	Last Name
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black; padding-bottom: 5px;">Previous name if applicable</div> <div style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;"><i>Alternate Contact, excluding spouse and children (Mandatory)</i></div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black; padding-bottom: 5px;">Number, Street, PO Box</div> <div style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">Name and Telephone #</div> </div>		
City	Prov (Abbr.)	Postal Code
Telephone#	Alternate Tel #	
E-Mail Address		E-Mail Address

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**NOTE: Cheques for successful applicants will be mailed to the address provided. Therefore, it is important to notify Recruitment and Retention Secretariat of any address change.**

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**2. ACADEMIC INFORMATION (Please Print):**

a) Name and address of educational institution: \_\_\_\_\_ b) Date of expected graduation (Month/Year) \_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_  
Educational Institution  
\_\_\_\_\_  
Number, Street & PO Box  
\_\_\_\_\_  
City Prov. (Abbr.) Postal Code  
\_\_\_\_\_  
Telephone #

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**3. PREFERRED HEALTH FACILITY FOR RETURN-IN-SERVICE:**

- Queen Elizabeth Hospital, Charlottetown
- Prince County Hospital, Summerside
- Hillsborough Hospital, Charlottetown

Please indicate in order of preference, the health care facility where you would like to work as part of the Return-In-Service requirement.

1. \_\_\_\_\_  
2. \_\_\_\_\_

**Note:** You will be required to sign a RIS Agreement with the Department of Health and Wellness and with your preferred Health PEI facility prior to receiving sponsorship funds. In the event that the facility is unable to offer employment, the Department reserves the right to identify an alternate Health PEI facility, and appropriate amendments will be reflected in a revised agreement.

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**4. RESIDENCE STATUS:** I am a Canadian Citizen.  Yes  No

If no:

I am a landed immigrant or have permanent resident status.  Yes  No  
(Please attach a copy of your certificate)

*Note: To guarantee an applicant will be able to fulfill the terms of the agreement, you are required to be a Canadian Citizen or have landed immigrant or permanent resident status at the time of application.*

**What is your province of legal residence?** \_\_\_\_\_

To be considered a resident of PEI, you must have graduated from a PEI high school, or are a dependent student whose parents are PEI residents, or have lived in PEI for greater than or equal to 12 months while NOT a student at any post-secondary institution.

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**5. REFERENCE**

Please provide the name of a reference who would be able to address questions about your clinical experience as part of your nursing program, i.e. nursing clinical instructor, course coordinator.

I hereby give permission for Recruitment and Retention Secretariat to contact the following reference.

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Reference Name

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Email

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Title & Learning Institution

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Daytime Phone #

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**6. DECLARATION BY APPLICANT:**

- A) I hereby certify the information given on this application is complete and true in all respects.
  
- B) I declare that the PEI Department of Health and Wellness has my authorization to collect information about me and exchange information about me, as it considers necessary, from any level of government in Canada and education institutions. Any collection, use, or disclosure of personal information must be in accordance with the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1998, c. F-15.01.

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Application Date

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Student Signature

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**NOTE:** Personal information on this form is collected under section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c. F-15.01, as it relates directly to and is necessary for Bachelor Degree in Nursing Sponsorship Program and will be used for this purpose. If you have any questions about this collection of personal information, you may contact the Recruitment and Retention Secretariat.

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**OTHER:**

- It is your responsibility to ensure that all relevant information has been included or attached.
- Incomplete applications will not be considered.

**ADDITIONAL INFORMATION:**

- ▶ If you have questions or require assistance, please contact us by:
  - Telephone: 902-620-3872 or Fax: 902-620-3875
  - E-mail: [healthrecruiter@gov.pe.ca](mailto:healthrecruiter@gov.pe.ca)

**SUBMIT YOUR COMPLETED APPLICATION TO:**

Recruitment & Retention Secretariat  
PEI Department of Health and Wellness  
16 Fitzroy Street, 3<sup>rd</sup> Floor Sullivan Building  
P.O. Box 2000  
Charlottetown, PE C1A 7N8

**Attention: BN Sponsorship**