Prince Edward Island
CANADA
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

Please refer to website for application deadline information.

- Students who have received one year of sponsorship **must reapply** for a second year of sponsorship.
- It is the applicant's responsibility to have their educational institution provide the Recruitment and Retention Secretariat with their **latest official transcripts**.
- Sponsored students are required to provide a **confirmation of enrollment letter** from their educational institution **prior** to the commencement of the sponsored academic year and **prior** to any funds being issued.
- The applicant must maintain continuous full-time status as determined by the attending university in the Bachelor Degree in Nursing Program.
- Sponsored students are required to sign a Return-In-Service **(RIS)** Agreement **prior to** any funds being issued.
- Sponsorship of **$2400** is available per **academic year.**
- In return for a Sponsorship and upon graduation, successful applicants must fulfill a 1950 hour RIS with the Department of Health and Wellness for each year of sponsorship.
- 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, the students will be required to return their sponsorship funds.

1. APPLICANT INFORMATION (Please Print)

First Name | **Middle Name** | **Last Name**

Previous name if applicable

Number, Street, PO Box

City | Prov (Abbr.) | Postal Code

Telephone# | Alternate Tel #

E-Mail Address

Alternate Contact, excluding spouse and children (Mandatory)

Name and Telephone #

Number, Street, PO Box

City | Prov. (Abbr.) | Postal Code

E-Mail Address

NOTE: **Cheques will be mailed to the above address. Therefore, it is important to notify Recruitment and Retention Secretariat of any future address changes.**

2. ACADEMIC INFORMATION (Please Print):

a) Name and address of educational institution:

_____
Educational Institution

_____
Number, Street & PO Box

_____ _____ _____
City Prov. (Abbr.) Postal Code

_____
Telephone #

b) Which program are you enrolled in?

Bachelor of Science in Nursing (4 year program) _____

Accelerated Bachelor of Science in Nursing (2 year program) _____

c) What year are you entering? _____

d) Indicate number of courses: _____ _____
1st Term 2nd Term

e) Date of expected graduation (Month/Year) _____/_____

3. TYPE OF SPONSORSHIP

BN Sponsorship ☐

Accelerated BN Sponsorship ☐

Note: You will be required to sign a RIS Agreement with the Department of Health and Wellness and with your preferred health facility prior to receiving sponsorship funds. If that 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.

4. PREFERRED HEALTH FACILITY FOR RETURN-IN-SERVICE:

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

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. _____

5. 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.***

6. T4A INFORMATION:

_____ _____

Social Insurance Number | Date of Birth (year/month/date)

Have you received previous PEI BN Sponsorship? Yes ☐ No ☐ If yes, amount $_____ Year Received _____

All sponsorship payments are considered taxable according to Canadian Tax Regulations; therefore, students must provide a Social Insurance Number in order to receive a sponsorship and for a T4A to be issued.

7. 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.

C) If my application for sponsorship is approved, I will use the proceeds granted for the payment of tuition, books, and other associated fees and will report any sponsorship monies received as a bursary payment on any student loan applications.

_____ _____

Application Date | Student Signature

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.

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

SUBMIT YOUR COMPLETED APPLICATION TO:

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

Attention: BN Sponsorship