



Bachelor Degree in Nursing

DATE RECEIVED

SPONSORSHIP APPLICATION FORM

Recruitment and Retention Secretariat
 PEI Department of Health and Wellness
 P.O. Box 2000
 Charlottetown PE CIA 7N8

Due to limited funding, students are encouraged to apply to:
BN Sponsorship Program by July 12
Accelerated BN Sponsorship Program by October 12

- This Application Form is for full-time students who will be entering either their **3rd or 4th year** of a Canadian Bachelor Degree in Nursing Program or their **1st or 2nd year** of the Accelerated Canadian Bachelor Degree in Nursing Program.
- Students can be sponsored for only one year at a time; therefore, students who have received sponsorship **must reapply** for further sponsorship.
- It is the applicant's responsibility to have their educational institution supply the Recruitment and Retention Secretariat at the PEI Department of Health and Wellness with their **latest official transcripts**.
- Sponsored students are required to provide verification of registration with 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.
- There are two types of Sponsorships: non-rural sponsorship (\$2,400) and rural sponsorship (\$3,000) **per academic year**. (See page 2)
- 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.
- 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.

1. APPLICANT INFORMATION (Please Print):

FIRST NAME	MIDDLE NAME	LAST NAME
Previous name if applicable	ALTERNATE CONTACT , excluding spouse and children	
Number, Street & P. O. Box Number	Name & Telephone #	
City	Prov.(Abbr.)	Postal Code
Telephone #	Alternate Telephone #	Number, Street & P.O. Box Number
E-mail Address	City	Prov.(Abbr.) Postal Code
	E-Mail Address	

NOTE: Please notify Recruitment and Retention Secretariat of any address changes.

2. ACADEMIC INFORMATION (Please Print):

a) Name and address of educational institution:

_____ Educational Institution
_____ Number, Street & P.O. Box
_____ City _____ Prov.(Abbr.) _____ Postal Code
_____ Telephone #

b) How many years in your degree program? _____

c) What year are you entering? _____

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

e) Academic year begins: _____
year/month/day

f) Academic year ends: _____
year/month/day

3. TYPE OF SPONSORSHIP:

BN Sponsorship: 3rd Year _____ Rural Sponsorship _____ OR Non Rural Sponsorship _____
4rd Year _____ Rural Sponsorship _____ OR Non Rural Sponsorship _____

Accelerated BN Sponsorship: 1st Year _____ Rural Sponsorship _____ OR Non Rural Sponsorship _____
2nd Year _____ Rural Sponsorship _____ OR Non Rural 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 RIS Agreement will be amended to include your next preference. Amendments will be made to the original agreement to indicate the change in health facility.

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

(Prince Edward Island has health care facilities in Rural and Non-Rural areas.)

Rural (\$3,000): Community Hospital O’Leary, O’Leary
Western Hospital, Alberton
Stewart Memorial Hospital, Tyne Valley
Souris Hospital, Souris
Kings County Memorial Hospital, Montague

Non-Rural (\$2,400): Queen Elizabeth Hospital, Charlottetown
Prince County Hospital, Summerside

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

- i) _____
- ii) _____
- iii) _____

5. RESIDENCE STATUS: Are you eligible to work in Canada? Yes No

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 _____

7. DECLARATION BY APPLICANT:

- (a) I hereby certify that 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.
- (d) I consent to the educational institution I am attending to inform the PEI Department of Health and Wellness of the nature and value of any scholarship, bursary or other award I may hold.

Date of Application

Signature of Student

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.

Further Information:

- If you have questions or require assistance, feel free to contact us by:
 - Telephone: 902-620-3872
 - E-mail: healthrecruiter@gov.pe.ca
 - Fax: 902-620-3875
- 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 and Retention Secretariat
PEI Department of Health and Wellness
P.O. Box 2000
Charlottetown, PE C1A 7N8

ATTENTION: BN Sponsorship