



Institute for Health and Social Policy

TRAINING AND RETENTION OF HEALTH PROFESSIONALS PROJECT

MEASURE 2: RETENTION PROGRAM

HEALTH AND SOCIAL SERVICES COMMUNITY LEADERSHIP BURSARY PROGRAM

2015-2016 ACADEMIC YEAR

CATEGORY 1 BURSARY APPLICATION FORM

For students from selected Quebec regions with English and French language skills pursuing full-time studies in the area of health and social services in a government recognized educational institution located outside their region

APPLICATION SPONSORED BY:	
	Name of Community Network
FOR:	
	Name of Student
PURSUING STUDIES AT:	
	Name of Educational Institution
SUBMITTED ON:	
	(yyyy/mm/dd)

Health Canada has contributed financially to the Health and Social Services Community Leadership Bursary Program

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To be completed by the student & submitted to the contact person at the participating community network. The community network must submit the form to the McGill Project. 3 – 11

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Two references must be provided
To be completed by the student & the reference provider. Must be submitted to the contact person at the participating community network in a sealed envelope. The community network must submit the form to the McGill Project.
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- Form 3: Community Network Information
To be completed by the contact person at the participating community network and submitted to the McGill Project. 20 – 23

NOTE: PLEASE ENTER THE STUDENT'S NAME IN THE HEADER BY DOUBLE CLICKING ON THE HEADER BOX.

**ALL APPLICATION FORMS MUST BE FILLED OUT USING
A COMPUTER KEYBOARD AND PRINTED**

Ce document est disponible aussi en français: www.mcgill.ca/hssaccess/fr/forms

CATEGORY 1 BURSARY APPLICATION

FORM 1

STUDENT INFORMATION

TO BE COMPLETED BY THE STUDENT

The student must submit the original signed and dated form and supporting documents to the contact person at the participating regional community network (please refer to the "Directory of Participating Community Networks" on Pgs. 15 to 18 of the Application Guide for Category 1 Bursary).

This form must be filled in using a computer keyboard and printed

Section 1.1: Information on Category 1 Bursary Program Applicant

Information on Student

Last name:

First name:

Usual name:

Section 1.2: Student Contact Information

Mailing address:

Municipality:

Province:

Postal code:

Is this your primary place of residence during your studies? Yes No

If no, please provide residential address during your studies:

Telephone number (home):

Telephone number (work):

Cellular number:

Fax number:

E-mail address:

What is the best way to contact you?

Section 1.3: Information on Student Citizenship

Please indicate the status of your citizenship:

- Canadian citizen Permanent resident

Section 1.4: Information on Student's Primary Residence in Selected Quebec Region
Refer to Pg. 9 of the Application Guide for Category 1 Bursary

Please indicate the name of the selected Quebec region(s) where you reside / are from:

- Region 01 Bas-Saint- Laurent
- Region 02 Saguenay-Lac-Saint-Jean
- Region 03 Capitale-Nationale
- Region 04 Mauricie-et-Centre-du-Québec
- Region 05 Estrie
- Region 07 Outaouais
- Region 08 Abitibi-Témiscamingue
- Region 09 Côte-Nord
- Region 10 Nord-du-Québec
- Region 11 Gaspésie-Iles-de-la-Madeleine
- Region 12 Chaudière-Appalaches
- Region 14 Lanaudière (except for communities within the MMC listed on Pg. 10 of the Application Guide for Category 1 Bursary)
- Region 15 Laurentides (except for communities within the MMC listed on Pg. 10 of the Application Guide for Category 1 Bursary)
- Region 16 Montérégie (except for communities within the MMC listed on Pg. 10 of the Application Guide for Category 1 Bursary)
- Region 17 Nunavik
- Region 18 Terres-Cries-de-la-Baie-James

How long have you resided in this region?

From: (yyyy/mm/dd) until: (yyyy/mm/dd)

Section 1.5: Information on Student's English and French Language Skills

Language Skills

Elementary: no language skills or else major difficulty with basic communication (salutations, personal information, instructions, etc.).

Intermediate: facility or little difficulty with basic communication, but problems with more complex communication (detailed explanations, opinions, etc.).

Advanced: few problems communicating in the language other than a few mistakes or requests to repeat what was said.

Using the above level descriptions, how would you rate your language proficiency in English and French:

To understand:

English: Level = Elementary Intermediate Advanced

French: Level = Elementary Intermediate Advanced

To speak:

English: Level = Elementary Intermediate Advanced

French: Level = Elementary Intermediate Advanced

To read:

English: Level = Elementary Intermediate Advanced

French: Level = Elementary Intermediate Advanced

To write:

English: Level = Elementary Intermediate Advanced

French: Level = Elementary Intermediate Advanced

Secondary School Certificate:

Did you obtain a Secondary School Certificate in Québec? _____

Year obtained? _____

Section 1.6: Information on Educational Institution Where Student is Studying during the 2015-2016 Academic Year

Name of educational institution: _____
Mailing address: _____
Municipality: _____ Province: _____
Postal code: _____ Website: _____

Section 1.7: Information on Student Program of Study

Please indicate your level of study:

- Secondary school Cégep / College University

Please enter the full name of the government recognized health and social services program that you are accepted into:

Please indicate the expected diploma / degree / accreditation obtained through this program:

Secondary school vocational training

- Diploma of Vocational Studies (DVS) / Diplôme d'études professionnelles (DEP)
 Attestation d'études professionnelles (AEP)

Cégep / College

- Diploma of College Studies (DCS) / Diplôme d'études collégiales (DEC)
 Attestation of Collegial Studies (ACS) / Attestation d'études collégiales (AEC)

University

- Bachelor's degree / Baccalauréat
 Master's degree / Maîtrise
 Doctorate degree / Doctorat

Section 1.8: Information on Student's Program Timeline

Date (yyyy/mm/dd) of entry into program:

Date (yyyy/mm/dd) of expected completion of program:

Year of enrolment in program as of September 2015

- 1st 2nd 3rd 4th

Section 1.9: Student Knowledge of Bursary Program

How did you find out about the Bursary Program?

- | | | |
|---|--|--|
| <input type="checkbox"/> McGill Project website | <input type="checkbox"/> Community network | <input type="checkbox"/> Educational institution |
| <input type="checkbox"/> Community center | <input type="checkbox"/> Friend | <input type="checkbox"/> Family |
| <input type="checkbox"/> Internet | <input type="checkbox"/> E-mail | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Television | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Other | If other, please specify: | |

Section 1.10: Student's Reason(s) for Requesting a Bursary

Why are you requesting a bursary?
(Maximum 250 words)

Section 1.11: Student Involvement in the Community / Region

Please describe your history of involvement in your community / region:

This can include activities such as working or volunteering for a local government agency / non-governmental organization (NGO) / educational institution / hospital / clinic / care facility / daycare center / Summer camp / community center / library / homeless shelter, etc.

(Maximum 250 words)

How long have you been involved in the above activities?

Section 1.12: Student Reason(s) for Returning to the Community / Region

Why do you want to return to your community / region to work in the area of health and social services?

(Maximum 250 words)

Section 1.13: Student Explanation of How Bursary will Help Achieve the Goal of Returning to Work in the Community / Region

Please explain how this bursary will help you achieve your goal of returning to your community / region to work in the field of health and social services:

(Maximum 250 words)

Section 1.14: Student's Potential Contribution to the Community / Region

Upon return to the region following completion of studies, how do you expect to contribute to your community / region?

(Maximum 100 words)

Section 1.15: Student's Interest in Interning in the Region

If clinical internships are a requirement of your program of study, would you be interested in an internship in the region?

Yes

No

Section 1.16: Checklist of Supporting Documents to Submit

Please submit the following required documents with this application form:

- Mandatory for all applicants* **1 copy of your most recent Curriculum Vitae**
- Mandatory for all applicants* **1 Letter of Acceptance into Program received from your educational institution**
- Mandatory for all applicants* **1 copy of your most recent Academic Transcript**

Section 1.17: Declaration by the Student

I do hereby consent that the information contained in my Category 1 Bursary Program application be transmitted to the McGill Training and Retention of Health Professionals Project for the purpose of evaluating this application.

I declare that:

- The information that I have provided in this application is accurate and complete;
- The information in the supporting documents submitted is accurate and complete;
- I will advise the community network of any change in my contact information;
- I commit, if awarded a bursary, to completing my studies in a government recognized health and social services program that permits me to work professionally in Quebec upon completion of studies;
- I commit, if awarded a bursary, to returning to a selected Quebec region following the successful completion of studies to work in the field of health and social services in a public health and social services institution or related organization for a minimum of one year per bursary;
- I agree, if awarded a bursary, to conform to the Category 1 Bursary Program Recipient Responsibilities and Payment Modalities listed on Pgs. 6 and 7 of the Application Guide for Category 1 Bursary;

- If I drop out of the agreed upon program of study or if I default on my commitment in any other way, I agree to reimburse the sponsoring community network, any money I will have received within three years following the date I dropped out or defaulted.
- If I default on my commitment by ceasing to work in a selected Quebec region before the fixed period has expired, I agree to reimburse the sponsoring community network, within three years following the date I stopped working, the amount of the bursary prorated for the remaining period.
- If I default on my commitment by not working in a selected Quebec region, I agree to reimburse the sponsoring community network the bursary amount received, within three years of graduating from my program of study.
- If awarded a bursary, I grant the community network and the McGill Project permission to disseminate for promotional purposes, my photographic image, curriculum vitae and information about the bursary awarded on the McGill Project website and in publications.
- If awarded a bursary, I agree to allow my contact information to be entered into a database of health and social services professionals able to provide healthcare services in English.
- If awarded a bursary, I grant the community network permission to provide the CISSS with my name and contact information for potential internship and recruitment purposes.
- I agree, upon completion of studies, to participate in any formal follow-up monitoring or evaluation of the Program conducted by the community network or the McGill Project.

Name of student: _____

Signature of student: _____

Date (yyyy/mm/dd): _____

CATEGORY 1 BURSARY APPLICATION

FORM 2

COMMUNITY INVOLVEMENT REFERENCE

SECTIONS 2.1 AND 2.2 TO BE COMPLETED BY THE STUDENT
SECTIONS 2.3 TO 2.5 TO BE COMPLETED BY THE REFERENCE PROVIDER

The reference provider must submit the original signed and dated form in a sealed envelope to the contact person at the participating community network

This form must be filled in using a computer keyboard and printed

REFERENCE 1

DETAILED INSTRUCTIONS

2 separate Community Involvement References must be submitted to the contact person at the participating community network

Instructions for Student

Please complete Section 2.1 and 2.2 and provide this form to a recognized member of your community, who is not a family member, who can support your Bursary Program application by confirming your involvement in your community / region. This section is directly related to the response that you gave in Category 1 Bursary Application Form 1: Student Information - Section 1.11.

Examples of reference providers include members of your local government agency / non-governmental agency / educational institution / hospital / clinic / care facility / daycare center / Summer camp / community center / library / homeless shelter, etc.

Instructions for Reference Provider for the Student

The Community Involvement Reference Form is to be filled out by an individual who has known the applicant for the past 2 years. As a reference provider, you are being asked to describe the student's involvement in community life and evaluate the student's potential to commit to returning to her/his region and working in the field of health and social services upon completion of her/his studies.

Please complete Sections 2.3 to 2.5 and submit the original signed and dated form in a sealed envelope to the contact person at the participating community network listed in Section 2.2 of this form. Kindly contact the community network if you have any questions.

**Section 2.1: Information on Category 1 Bursary Program Applicant
(To be completed by the student)**

Identification of Student

Student's last name: _____
Student's first name: _____
Name of educational institution: _____

**Section 2.2: Information on Community Network
(To be completed by the student)**

Name of community network: _____
Name of contact person: _____
Title: _____
Mailing address: _____
Municipality: _____ Province: _____
Postal code: _____ Cellular number: _____
Telephone number: _____ E-mail address: _____

**Section 2.3: Information on Reference Provider
(To be completed by the reference provider)**

Name of reference provider: _____
Name of organization: _____
Title: _____
Mailing address: _____
Municipality: _____ Province: _____
Postal code: _____ Cellular number: _____
Telephone number: _____ E-mail address: _____

What is the best way to contact you? _____

Please indicate your type of organization:

- Government agency Non-governmental organization Educational institution
- Hospital Clinic Care facility
- Daycare center Summer camp Community center
- Library Homeless shelter Employer
- Other If other, please describe:

Section 2.4: Student Involvement in the Community / Region
(To be completed by the reference provider)

The purpose of the Bursary Program's Category 1 Bursary is to address the need for professionals with English and French language skills in health and social services in selected Quebec regions by encouraging students who pursue studies in health and social service disciplines in government recognized educational institutions located outside their region to return to their region and to work and serve their communities. The bursaries cover the 2015-2016 Academic Year and are awarded to selected students meeting the eligibility criteria. Your responses will help establish a portrait of the student's involvement in and commitment to the community and the likelihood that he or she will return to practice in the region.

How long have you known the student?

Please describe your relationship to the student:

Please describe the student's involvement in your organization / community:

How long has the student been involved in your organization / community:

How can the student help your community / region upon completing studies in the field of health and social services?

Do you recommend this candidate for a bursary award?

___ without reservation

___ with reservation but feel that she/he should be given a chance, because

Why is the student a good candidate for the Bursary Program?

Section 2.5: Declaration by the Reference Provider

I declare that:

The information that I have provided in this form is accurate and complete.

Name:

Signature:

Date (yyyy/mm/dd):

CATEGORY 1 BURSARY APPLICATION

FORM 2

COMMUNITY INVOLVEMENT REFERENCE

SECTIONS 2.1 AND 2.2 TO BE COMPLETED BY THE STUDENT
SECTIONS 2.3 TO 2.5 TO BE COMPLETED BY THE REFERENCE PROVIDER

The reference provider must submit the original signed and dated form in a sealed envelope to the contact person at the participating community network

This form must be filled in using a computer keyboard and printed

REFERENCE 2

DETAILED INSTRUCTIONS

2 separate Community Involvement References must be submitted to the contact person at the participating community network

Instructions for Student

Please complete Section 2.1 and 2.2 and provide this form to a recognized member of your community, who is not a family member, who can support your Bursary Program application by confirming your involvement in your community / region. This section is directly related to the response that you gave in Category 1 Bursary Application Form 1: Student Information - Section 1.11.

Examples of reference providers include members of your local government agency / non-governmental agency / educational institution / hospital / clinic / care facility / daycare center / Summer camp / community center / library / homeless shelter, etc.

Instructions for Reference Provider for the Student

The Community Involvement Reference Form is to be filled out by an individual who has known the applicant for the past 2 years. As a reference provider, you are being asked to describe the student's involvement in community life and evaluate the student's potential to commit to returning to her/his region and working in the field of health and social services upon completion of her/his studies.

Please complete Sections 2.3 to 2.5 and submit the original signed and dated form in a sealed envelope to the contact person at the participating community network listed in Section 2.2 of this form. Kindly contact the community network if you have any questions.

**Section 2.1: Information on Category 1 Bursary Program Applicant
(To be completed by the student)**

Identification of Student

Student's last name: _____
Student's first name: _____
Name of educational institution: _____

**Section 2.2: Information on Community Network
(To be completed by the student)**

Name of community network: _____
Name of contact person: _____
Title: _____
Mailing address: _____
Municipality: _____ Province: _____
Postal code: _____ Cellular number: _____
Telephone number: _____ E-mail address: _____

**Section 2.3: Information on Reference Provider
(To be completed by the reference provider)**

Name of reference provider: _____
Name of organization: _____
Title: _____
Mailing address: _____
Municipality: _____ Province: _____
Postal code: _____ Cellular number: _____
Telephone number: _____ E-mail address: _____

What is the best way to contact you? _____

Please indicate your type of organization:

- | | | |
|--|--|--|
| <input type="checkbox"/> Government agency | <input type="checkbox"/> Non-governmental organization | <input type="checkbox"/> Educational institution |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Clinic | <input type="checkbox"/> Care facility |
| <input type="checkbox"/> Daycare center | <input type="checkbox"/> Summer camp | <input type="checkbox"/> Community center |
| <input type="checkbox"/> Library | <input type="checkbox"/> Homeless shelter | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Other | If other, please describe: | |

**Section 2.4: Student Involvement in the Community / Region
(To be completed by the reference provider)**

The purpose of the Bursary Program's Category 1 Bursary is to address the need for professionals with English and French language skills in health and social services in selected Quebec regions by encouraging students who pursue studies in health and social service disciplines in government recognized educational institutions located outside their region to return to their region and to work and serve their communities. The bursaries cover the 2015-2016 Academic Year and are awarded to selected students meeting the eligibility criteria. Your responses will help establish a portrait of the student's involvement in and commitment to the community and the likelihood that he or she will return to practice in the region.

How long have you known the student? _____

Please describe your relationship to the student:

Please describe the student's involvement in your organization / community:

How long has the student been involved in your organization / community:

How can the student help your community / region upon completing studies in the field of health and social services?

Do you recommend this candidate for a bursary award?

___ without reservation

___ with reservation but feel that she/he should be given a chance, because

Why is the student a good candidate for the Bursary Program?

Section 2.5: Declaration by the Reference Provider

I declare that:

The information that I have provided in this form is accurate and complete.

Name:

Signature:

Date (yyyy/mm/dd):

CATEGORY 1 BURSARY APPLICATION

FORM 3

COMMUNITY NETWORK INFORMATION

TO BE COMPLETED BY THE CONTACT PERSON AT THE COMMUNITY NETWORK

The community network must submit the original signed and dated form to the McGill Project

This form must be filled in using a computer keyboard and printed

Please add the Student's name in the header and their ranking on the priority list

Section 3.1: Information on Category 1 Bursary Program Applicant

Identification of Student

Student's last name: _____

Student's first name: _____

Name of educational institution: _____

Name of community network: _____

Ranking on priority list: 1st 2nd 3rd

Section 3.2: Information on Contact Person at Community Network

Name of community network: _____

Name of contact person: _____

Title: _____

Mailing address: _____

Municipality: _____ Province: _____

Postal code: _____ Website: _____

Telephone number: _____ Fax number: _____

E-mail address: _____ Cellular number: _____

What is the best way to contact you? _____

Section 3.3: Description of Bursary Program Promotional Activity

Please indicate the promotional activity that was employed by your organization to attract applicants.

- | | | |
|---|--|--|
| <input type="checkbox"/> McGill Project website | <input type="checkbox"/> Community network | <input type="checkbox"/> Educational institution |
| <input type="checkbox"/> Community center | <input type="checkbox"/> Friend | <input type="checkbox"/> Family |
| <input type="checkbox"/> Internet | <input type="checkbox"/> E-mail | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Television | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Other | If other, please specify: <input style="background-color: yellow;" type="text"/> | |

Section 3.4: Priority Service Areas and/or Vulnerable Job Categories

Have certain job categories been deemed vulnerable for your region? If so, what are they?

Have other priority service areas been identified that are specific to the English-speaking population? If so, what are they?

Is the applicant studying in a field that can potentially address either of the above listed vulnerable job categories or priority service areas?

Section 3.5: Support for the Student

Why are you recommending this particular student for the Bursary Program?
(Maximum 250 words)

How can the student help your community / region upon returning to the region following completion of studies?
(Maximum 250 words)

Section 4.6: Declaration by the Community Network

I do hereby consent that the information contained in the Bursary Program application be transmitted to the McGill Training and Retention of Health Professionals Project for the purpose of evaluating this present application.

I declare that:

- the information provided in this application is accurate and complete;
- this application is sponsored by the COMMUNITY NETWORK named in Section 3.2 of this form;
- said COMMUNITY NETWORK commits, if the Bursary Program application is approved, to conforming to the Payment Modalities listed on Pgs. 6 and 7 of the Application Guide for Category 1 Bursary;
- said COMMUNITY NETWORK is responsible, if the Bursary Program application is approved, for receiving an allocation from the McGill Project and distributing bursary payments to the Category 1 Bursary Program Recipient;
- said COMMUNITY NETWORK agrees, given approval of the Bursary Program application and financial assistance, to supply information on relevant financial statements, as well as the necessary follow-up evaluation and reporting data;
- said COMMUNITY NETWORK agrees, given approval of the Category 1 Bursary Program application and financial assistance, to keep the financial documents and other bursary-related documents on file for six years.

Name:

Signature:

Date (yyyy/mm/dd):
