



McGill

Dialogue McGill
Better Communication for Better Care

TRAINING AND RETENTION OF HEALTH PROFESSIONALS PROJECT

HEALTH AND SOCIAL SERVICES COMMUNITY LEADERSHIP BURSARY PROGRAM 2018-2019 ACADEMIC YEAR CATEGORY 3 BURSARY APPLICATION

FORM 1: STUDENT APPLICATION

THE DEADLINE FOR STUDENTS TO SUBMIT THIS APPLICATION FORM TO COMMUNITY NETWORK IS OCTOBER 31, 2018

BEFORE FILLING OUT THIS APPLICATION READ [THE GUIDE](#)

NOTE: PLEASE DOWNLOAD THIS FORM, OPEN IT AND FILL IT ON OUT YOUR COMPUTER WITH ADOBE READER XI OR HIGHER. YOU CAN GET A FREE COPY OF ADOBE READER FROM THE [ADOBE WEBSITE](#). IT IS AVAILABLE FOR WINDOWS, MAC AND ANDROID DEVICES.

APPLICATION SPONSORED BY:

Name of Community Network

FOR:

Name of Student

PURSUING STUDIES AT:

Name of Educational Institution

PROGRAM OF STUDY:

Name of Program

SUBMITTED ON:

(yyyy/mm/dd)

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

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

CATEGORY 3 BURSARY APPLICATION

The student must submit this 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 Page 7 to 9 of the Student Application Guide for Category 3 Bursary).

Section 1: Bursary Program Applicant

Last name: _____ First name: _____

Gender: Male Female Other Gender

Section 2: 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:

Mailing address: _____

Municipality: _____ Province: _____ Postal Code: _____

Telephone 1: _____ Telephone 2: _____ E-mail address: _____

What is the best way to contact you? Telephone 1 Telephone 2 E-mail

Section 3: Citizenship

Status of your citizenship: Canadian Citizen Permanent resident

Section 4: Primary Residence in Selected Quebec Region

Selected Quebec region where you reside/are from: _____

How long have you resided in this region? From: _____ Until: _____
(yyyy/mm/dd) (yyyy/mm/dd)

Section 5: English and French Language Skills

Click to view the description of Language Skills

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

	<u>To understand</u>	<u>To speak</u>	<u>To read</u>	<u>To write</u>
English	_____	_____	_____	_____
French	_____	_____	_____	_____

Secondary School CertificateDid you obtain a Secondary School Certificate in Quebec? Yes No

Year obtained? _____

Section 6: Educational Institution Where You are Studying during the 2018-2019 Academic Year

Name of educational institution: _____

Municipality: _____ Province: _____

Section 7: Program of StudyLevel of study: Vocational training

Program of Study you are accepted into: _____

Please indicate the Diploma / Degree expected through this Program:

Vocational Training Centre: Diploma of Vocational Studies (DVS) / Diplôme d'études professionnelles (DEP)**Section 8: 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 2018: 1st 2nd**Section 9: Knowledge of Bursary Program****How did you find out about the Bursary Program?** CISSS/CIUSSS Community center Community network Educational institution E-mail Family Friend Internet McGill Project website Newspaper Social Media Television Other

If other, please specify: _____

Section 10: Reason(s) for Requesting a Bursary**Why are you requesting a bursary?** (*Maximum 200 words*)

Section 11: 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 200 words*)

How long have you been involved in the above activities? _____

Section 12: Reason(s) for Working in the Community/Region

Why do you want to return to your community/region to work in the area of health and social services and what can you contribute to it? (*Maximum 200 words*)

Section 13: Checklist of Supporting Documents to Submit

Mandatory for all applicants

Please submit the following required documents with this application form:

- Your Most recent Curriculum Vitae
- Letter of Acceptance into Program received from your educational institution
- Your Most recent Academic Transcript

Two Community involvement reference providers:

You must provide two references that are submitted directly to the sponsoring community network. Please click on Reference 1 and Reference 2 to obtain Community involvement reference forms.

Name of [Reference 1](#)

Name of [Reference 2](#)

Section 14: Student Declaration

I do hereby consent that the information contained in my Category 3 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 working in 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 of full time work per bursary or the equivalent in hours of one year of full time work.
- I agree, if awarded a bursary, to conform to the *Category 3 Bursary Program Recipient Responsibilities and Payment Modalities*.
- 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 report in writing to the community network and to reimburse the sponsoring community network, any money I will have received in accordance with the contract signed between myself and the community network.
- 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 graduated, 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, Dialogue McGill and health and social services institutions permission to disseminate for promotional purposes, my photographic image, curriculum vitae and information about the bursary awarded.
- 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 that can be distributed to health and social services institutions.
- If awarded a bursary, I grant the community network permission to provide the CISSS or the CIUSSS with my name and contact information for potential 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 Dialogue McGill.

Name

Signature

Date (yyyy/mm/dd)