



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 2: COMMUNITY INVOLVEMENT REFERENCE 2

REFERENCES MUST BE SUBMITTED TO THE COMMUNITY NETWORK BY OCTOBER 31, 2018

NOTE: PLEASE DOWNLOAD THIS FORM, OPEN IT AND FILL IT OUT ON 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.

**TITLE PAGE AND SECTION 1 TO BE COMPLETED BY THE STUDENT
SECTIONS 2 TO 4 TO BE COMPLETED BY THE REFERENCE PROVIDER**

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)

INSTRUCTIONS FOR STUDENT

INSTRUCTIONS FOR REFERENCE PROVIDER FOR THE STUDENT

Section 1: Information on Community Network (To be completed by the student)

Name of community network: _____ Contact person: _____

E-mail address: _____ Tel. number: _____

Section 2: Information on Reference Provider (To be completed by the provider)

Name of reference provider: _____

Name of organization: _____ Title: _____

Mailing address: _____

Municipality: _____ Province: _____ Postal Code: _____

Cell. number: _____ Tel. number: _____ E-mail address: _____

**Section 3: Student Involvement in the Community/Region
(To be completed by the provider)**

How long have you known the student? _____

Please describe your relationship to the student: *(Maximum 30 words)*

Please describe the student's involvement in your organization / community: *(Maximum 200 words)*

Do you recommend this candidate for a bursary award?

YES without reservation

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

Why is the student a good candidate for the Bursary Program? (*Maximum 200 words*)

Section 4: 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)

The reference provider has an option to sign the form electronically, save the form and send it by email to the contact person at the participating community network identified in section 1 of this form.

The reference provider can also print the form, sign it, scan it and send it by email to the contact person at the participating community network.