

## Ministry Of Health “Final Clinical Placement” Bursary INFORMATION SHEET AND APPLICATION FORM

<b>BURSARY PROGRAM</b>	
The purpose of the Ministry of Health’s Clinical Placement Bursary is to recruit and retain needed health care professionals to meet the needs of the people of Saskatchewan. The Ministry of Health Clinical Placement Bursary is offered to students in an eligible health discipline that requires the completion of a <b>Final Clinical Placement</b> as part of training.	
<b>ELIGIBILITY</b>	
<b>TO BE ELIGIBLE TO APPLY FOR THIS SASKATCHEWAN HEALTH CLINICAL PLACEMENT BURSARY, YOU MUST:</b>	
<ol style="list-style-type: none"> <li>1. Be a Saskatchewan resident and hold a valid Saskatchewan Health Services Card.</li> <li>2. <b>Have started or will start the final clinical placement between September 1, 2020 and March 31, 2021.</b></li> <li>3. Apply for the clinical placement bursary prior to completing your clinical placement.</li> <li>4. Complete a <b>Return in Service (RIS)</b> in an approved publicly-funded position in rural or northern parts of Saskatchewan. (Any community that is outside the City of Regina or Saskatoon is considered rural for the purpose of this bursary). Some exceptions may apply.</li> <li>5. Applicants must <b>not</b> be in a salaried clinical placement position.</li> <li>6. <u>Submit a <b>completed</b> application form that <b>must be received in our office</b> no later than <b>5:00 PM March 1, 2021.</b></u></li> <li>7. Not have entered into a return in service agreement with the Saskatchewan Health Authority/Saskatchewan Cancer Agency or previously received a bursary from the Ministry of Health.</li> <li>8. Be completing a clinical placement in a hard to recruit occupation where positions are available.</li> </ol>	
<b>BURSARY AMOUNT</b>	
\$2,000.00 one-time payment.	
<b>RETURN IN SERVICE REQUIREMENT (RIS)</b>	
<ul style="list-style-type: none"> <li>• Bursaries are awarded to individuals who sign an Agreement agreeing to, upon graduation, provide a <b>one year</b> RIS in an approved publicly-funded position in <b>rural or northern</b> parts of Saskatchewan.</li> <li>• Failure to provide the RIS means bursary funds must be repaid, including interest at the rate stipulated in the Bursary Agreement.</li> <li>• Exceptions to completing an RIS in rural or northern parts of the province include such professions such as MRI Technologists, Nuclear Medicine, or other occupations that can only be employed in the City of Regina or Saskatoon.</li> </ul>	
<b>APPLICATION PROCESS</b>	
<p>The following documentation <b>must be</b> submitted to Saskatchewan Health (address below):</p> <ul style="list-style-type: none"> <li>• A completed application form prior to 5:00 pm March 1, 2021.</li> <li>• A letter from the Saskatchewan Health Authority or the Clinical Placement Coordinator confirming applicant’s acceptance into a Final Clinical Placement Program.</li> <li>• Start date and end date of the placement.</li> </ul>	
<b>SELECTION PROCESS</b>	
<p>Bursaries are awarded through a selection process. <b>Not all applicants are awarded a bursary.</b></p> <p>Preference is given to:</p> <ul style="list-style-type: none"> <li>• Date of application;</li> <li>• Qualified applicants who self-declare as Indigenous;</li> <li>• Health professions that are designated “hard to recruit”;</li> <li>• Applicants who have not previously received a Ministry of Health Bursary or entered into a return in service agreement with the Saskatchewan Health Authority or Saskatchewan Cancer Agency.</li> </ul>	
<b>NOTE: Applications must be received in our office by 5:00 P.M. March 1, 2021.</b>	
<b>FOR FURTHER INFORMATION</b>	
<p>Website: <a href="http://www.saskatchewan.ca">www.saskatchewan.ca</a>  E-Mail: <a href="mailto:bursary@health.gov.sk.ca">bursary@health.gov.sk.ca</a>  Phone: 306-798--0938  Fax: 306-787-4534</p>	<p>Bursary Administration  Ministry of Health  Partnerships and Workforce Planning  3<sup>rd</sup> Floor, 3475 Albert Street  REGINA SK S4S 6X6</p>

## Application For Ministry Of Health Clinical Placement Bursary

### Checklist For Bursary Administration Use Only

Document Confirming Placement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Application filled in full with full documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placement is between September 1, 2020 and March 31, 2021	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Application received prior to completion of clinical placement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Met Deadline	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hard to Recruit occupation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**NOTE: INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED**

### PERSONAL DATA

1. Are you a Saskatchewan Resident?  Yes  No

2. Do you have a valid Saskatchewan Health Service Number (HSN)?  Yes  No  
 Yes, HSN # \_\_\_\_\_ **Please note** that provision of your HSN is voluntary. It will be used to verify that you are a Saskatchewan resident and not to access or link with medical records or health services received by you.

Surname \_\_\_\_\_  
 First Name \_\_\_\_\_ Initial \_\_\_\_\_  Male  Female

#### Current Mailing Address

Street \_\_\_\_\_  
 City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone Number Home \_\_\_\_\_ Other \_\_\_\_\_  
 E-mail Address 1. \_\_\_\_\_ 2. \_\_\_\_\_

#### Permanent Mailing Address (if different from above)

Street \_\_\_\_\_  
 City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Please indicate which address you would like all correspondence directed to regarding this application including any future correspondence.**  Current Mailing Address  Permanent Mailing Address

#### Contact information: Must be a close relative who does **not** live with you.

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt: \_\_\_\_\_  
 City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

The Ministry of Health is committed to building opportunities for full participation by Aboriginal people in health-related occupations.

Do you consider yourself to be Aboriginal?  Yes  No  
 If Yes, are you considered:  First Nation  Métis  Inuit

Have you previously applied for a Ministry of Health Bursary?  Yes  No  
 Have you previously been awarded a Ministry of Health Bursary?  Yes  No

**Have you entered, or plan to enter, into any other financial arrangement with a Return in Service Agreement?**

Yes  No If "YES", please explain: \_\_\_\_\_

