

Ministry of Health Rural and Remote Recruitment Incentive Application



PERSONAL INFORMATION (Please provide complete information including email address)			FOR MINISTRY OF HEALTH USE ONLY		
Last Name: _____ First name: _____ Initial: _____			Received: _____ Classification: _____ Amount: _____ Verification Date: _____		
Are you <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other; please specify: _____			Permanent full-time position <input type="checkbox"/> Yes <input type="checkbox"/> No Signed letter of offer attached <input type="checkbox"/> Yes <input type="checkbox"/> No Application received within eligibility window Yes No Previous/current RIS incentive <input type="checkbox"/> Yes <input type="checkbox"/> No Previous/current employee of the SHA or Affiliate <input type="checkbox"/> Yes <input type="checkbox"/> No Rural and remote location <input type="checkbox"/> Yes <input type="checkbox"/> No Listed classification <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth: (dd/mmm/yyyy) _____			Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Declined Date: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other					
Are you a Saskatchewan resident? Yes No					
If not, are you relocating to Saskatchewan? Yes No			If yes, from _____		
Are you a new graduate within the last year? Yes No			If yes, when _____		
Are you a retiree from either the SHA or Affiliate? Yes No			If yes, date of retirement: _____		
Are/have you been an employee of the SHA or Affiliate? Yes No			If yes, date of employment: _____		
Have you entered into any other incentive where a Return in Service commitment is required? If yes, provide details: Yes No					
Current <u>Mailing</u> Address:					
Apt No. _____		Street/Box No. _____		City/Town _____ Postal Code _____	
Phone Number: _____			Personal Email: (no school or work email address will be accepted) _____		
Home _____		Other _____			
Permanent <u>Mailing</u> Address: (all mail correspondence will go to this address)					
Apt No. _____		Street/Box No. _____		City/Town _____ Postal Code _____	
CONTACT INFORMATION (MUST BE A CLOSE RELATIVE NOT LIVING WITH YOU AND LIVES IN CANADA)					
Last Name: _____		First Name: _____		Initial: _____	
Mailing Address:					
Apt No. _____		Street/Box No. _____		City/Town _____ Postal Code _____	
Phone Number: _____			Email: _____		
Home _____		Other _____			
The Ministry of Health is committed to creating opportunities for Indigenous people to fully participate in health-related occupations.					
Do you consider yourself to be Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, are you considered: <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit					

Facility:	Unit:
Classification (e.g., RN) and position number:	Start Date: dd/mmm/yyyy
<p>By signing below, I acknowledge the following (please review & check all):</p> <p><input type="checkbox"/> Return in Service Incentive recipients enter into a three-year Return-of-Service Agreement to work in the approved occupation, location and position for a period of 36 months.</p> <p><input type="checkbox"/> Information provided in your application will be used to determine eligibility for the Ministry of Health's Rural and Remote Recruitment Incentive. Any information provided may be verified as required.</p> <p><input type="checkbox"/> I hereby certify that all information and statements made in this application are true and complete to the best of my knowledge and belief.</p>	
Signature of Applicant:	Date:

**Send completed application with all documentation in PDF form to hhr@health.gov.sk.ca
Subject Line: RRRI – Last name, First Name**

A photo of the application is not acceptable.

APPLICANT CHECK LIST	
Application completed in full	<input type="checkbox"/> Yes
Additional contact information of relative not living in same residence	<input type="checkbox"/> Yes
Signed letter of offer from employer included	<input type="checkbox"/> Yes
Work permit (if applicable) included	<input type="checkbox"/> Yes

Incomplete applications will not be considered.