

Ministry of Health Bursary for Final Clinical Placement Information Sheet and Application

CLINICAL PLACEMENT BURSARY PROGRAM

The purpose of the Ministry of Health's Final 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 "Final" Clinical Placement Bursary is offered to students in an eligible health discipline that requires the completion of a **final clinical placement** as part of training.

BURSARY AMOUNT

\$2,000.00 one-time payment.

ELIGIBILITY

- Be a Saskatchewan Resident.
- Completing your final clinical placement in Saskatchewan.
- Have started or will start the **final clinical placement** between **April 1, 2024** and **September 30, 2024**.
- Apply for the Clinical Placement Bursary prior to completing your clinical placement.
- Be completing a clinical placement in a position that qualifies as a high priority classification.
- Applicants must not be in a salaried clinical placement position.
- Submit a **completed** application form by email prior to **5:00 pm September 30, 2024**.
- Bursaries are awarded through a selection process. **Not all applicants are awarded a bursary.**
- Complete a **Return-in-Service (RIS)** based on the criteria outlined for the RIS requirements.

APPLICATION PROCESS

- The following documentation **must be** submitted via email to the Ministry of Health:
 - A completed application form prior to **5:00 pm September 30, 2024**.
 - A letter from the Clinical Placement Coordinator confirming applicant's acceptance into a Final Clinical Placement Program.
 - Start date and end date of the placement.

All documentation must be received with application to be considered.

SELECTION PROCESS

- Date of application;
- All eligibility criteria being met with all required documentation;
- Qualified applicants who self-declare as Indigenous; and
- Applicants who have not previously received a Ministry of Health Bursary.
- Professions where there are chronic vacant positions and postings.

RETURN-IN-SERVICE REQUIREMENT (RIS)

- Sign an Agreement agreeing to the conditions required to meet the RIS requirements upon completion.
- Upon graduation complete a **one year** RIS in an approved publicly-funded position in **rural or northern** parts of Saskatchewan.
- Any community that is outside the cities of Regina or Saskatoon is considered rural for the purpose of this bursary.
- 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 cities of Regina or Saskatoon.
- Failure to provide the RIS means bursary funds must be repaid, including interest at the rate stipulated in the Bursary Agreement.

MORE INFORMATION

on this bursary, additional incentives and programming provided through the Ministry of Health can be found at saskatchewan.ca/HHR. Inquiries regarding this application can be directed to hhr@health.gov.sk.ca

Application for Ministry of Health Clinical Placement Bursary

| PERSONAL INFORMATION (Please provide complete information including email address) | | | | |
|---|-----------------------|--|-------------------------|----------------------------|
| Last Name: | | First name: | | Middle initial: |
| Are you <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other; please identify: | | | | |
| Date of Birth: <small>dd/mm/yyyy</small> | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | | |
| 1. Are you a Saskatchewan resident? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2. Have you previously applied for a Ministry of Health bursary? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 3. Have you previously been awarded a Ministry of health bursary? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please explain: | | | | |
| 4. Have you entered into any other incentive where a Return-in-Service is required? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please explain: | | | | |
| Current Address: | | | | |
| <small>Apt/PO Box</small> | <small>Street</small> | <small>City/Town</small> | <small>Province</small> | <small>Postal Code</small> |
| Phone Number: | | <u>Personal Email:</u> | | |
| <small>Home</small> | | <small>Other</small> | | |
| Permanent Address: (if different from above) | | <input type="checkbox"/> All documentation pertaining to this should be sent to this address: | | |
| <small>Apt /PO Box</small> | <small>Street</small> | <small>City/Town</small> | <small>Province</small> | <small>Postal Code</small> |
| ADDITIONAL CONTACT (A CLOSE RELATIVE/FRIEND WHO DOES NOT LIVE WITH YOU AND RESIDES IN CANADA. | | | | |
| Last Name: | | First Name: | | Initial: |
| Address: | | | | |
| <small>Apt/PO Box</small> | <small>Street</small> | <small>City/Town</small> | <small>Province</small> | <small>Postal Code</small> |
| Phone Number: | | <u>Email:</u> | | |
| <small>Home</small> | | <small>Other</small> | | |
| The Ministry of Health is committed to creating opportunities for First Nation/Métis people to fully participate in health-related occupations. | | | | |
| Do you consider yourself to be First Nations/Métis? <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: |
| Position: | |
| Placement Start Date: (dd/mm/yyyy) | |
| Placement Completion Date: | |
| Final Completion Date of Training Program: | |
| <p>Bursary recipients are required to sign a Return-in-Service Agreement to work in rural or northern Saskatchewan after completion of training with an approved eligible employer for a period of one year.</p> <p>Information provided in your application will be used to determine eligibility for the Ministry of Health's Clinical Placement Bursary. Any information provided may be verified as required.</p> <p>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 to hhr@health.gov.sk.ca.

APPLICATIONS MUST BE RECEIVED IN OUR OFFICE BY 5:00 PM September 30, 2024

A photo of the application is not acceptable.

| FOR ADMINISTRATIVE USE ONLY | | |
|---|------------------------------|-----------------------------|
| Final placement begins between April 1, 2024 and September 30, 2024 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Document Confirming Placement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Application received prior to deadline | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Application completed in full with documentation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Application received prior to completion of clinical placement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High Priority Classification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| NOTES/COMMENTS: | | |
| | | |