

Ministry of Health Final Clinical Placement Bursary Application



PERSONAL INFORMATION (Please provide complete information including email address)			FOR MINISTRY OF HEALTH USE ONLY		
Last Name:		First name:	Middle Initial:	Received: _____	
Are you <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Other; please identify: _____		Program: _____	
Date of Birth: (dd/mmm/yyyy) _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Applicant has a permanent SK address <input type="checkbox"/> Yes <input type="checkbox"/> No All documentation received <input type="checkbox"/> Yes <input type="checkbox"/> No Final clinical placement started in timeframe <input type="checkbox"/> Yes <input type="checkbox"/> No Received prior to completion of placement <input type="checkbox"/> Yes <input type="checkbox"/> No High priority classification <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Are you a Saskatchewan resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, are you relocating to Saskatchewan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from: _____		
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: _____			Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Declined		
Date: _____					
Current Address:					
Apt No.	Street/Box No.	City/Town	Province	Postal Code	
Phone Number:			Personal Email: (no school or work email address will be accepted)		
Home:		Other:			
Permanent Saskatchewan Mailing Address: (all mail correspondence will go to this address)					
Apt No.	Street/Box No.	City/Town	Province	Postal Code	
ADDITIONAL CONTACT (MUST BE A CLOSE RELATIVE NOT LIVING WITH YOU AND LIVES IN CANADA.)					
Last Name:		First Name:		Middle Initial:	
Address:					
Apt No.	Street/Box No.	City/Town	Province	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:
Position:	
Placement Start Date: (dd/mmm/yyyy)	
Placement Completion Date:	
Final Completion Date of Training Program:	
<p>By signing below, I acknowledge the following (please review & check all):</p> <p><input type="checkbox"/> 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><input type="checkbox"/> 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><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.

APPLICATIONS MUST BE RECEIVED IN OUR OFFICE BY 5:00 PM SEPTEMBER 30, 2026

A photo of the application is not acceptable.

APPLICANT CHECK LIST	
Final placement begins between April 1, 2026, and September 30, 2026	<input type="checkbox"/> Yes
Application completed in full	<input type="checkbox"/> Yes
Clinical Placement Coordinator letter included <i>(Must indicate program name, start/end date of final clinical placement, location of placement(s) and that the clinical placement is unpaid)</i>	<input type="checkbox"/> Yes
Valid study permit (if applicable) included	<input type="checkbox"/> Yes

IF APPLICATION NOT RECEIVED COMPLETED WITH ALL SUPPORTING DOCUMENTS, IT WILL NOT BE CONSIDERED.