

Application Form

Instructions for RN and RPN Applicants

All sections of the attached form must be completed, as well as the following:

1. Submit a formal letter (300-500 words) addressed to the VP, Quality and Performance & Chief Nursing Executive, outlining your:
 - professional objectives / career goals
 - purpose for undertaking the program of study
 - its potential contribution to your nursing career, and
 - benefit to Hamilton Health Sciences

Note: applicants must have completed at least one semester in their program of study!

2. Attach your resume, including:

Education Background

- List all attended: Diploma / Degree / Certification / Institution / dates attended in sequence - giving last educational institution attended first.
- Area of specialization
- Post-secondary school
- Continuing Education Programs within the past 5 years / length of program

Professional / Work Experience

- List in sequence with title and responsibilities, giving the most recent position first.
- In a separate section, include any HHS committee involvement, including your role and the purpose of the committee.
- Other relevant information.

Completed application packages must be submitted to:
Education Funding Office by scan/email to edfund@hpsc.ca

No later than: 1500h Monday May 16, 2022.

I certify that all information contained in this application is true and accurate:

Signature

Date (dd/mm/yyyy)

Please note that all RNs and RPNs at HHS are welcome to apply but priority will be given to those receiving this honour for the first time.

Margaret R. Charters Bursary Award Application Form - 2022

Made possible through the generosity of the HHS Medical Staff Association

SECTION A

Surname:	First Name:
Home Address:	
City:	Postal Code:
Phone number:	Work Telephone and extension:

SECTION B

Educational Institution/School:	
Educational Program:	
<input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time	Anticipated Completion Date: Click here to enter a date.
Major area(s) of interest or specialization:	
Previous HHS Bursary recipient? <input type="checkbox"/> NO <input type="checkbox"/> YES - Bursary Name:	Year:

SECTION C: Educational Background	Please click in the box indicating type of education		
	Course/ Certificate	Diploma	Degree
Other Professional degree/diploma/course(s) -list institution, date			
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: Employment at HHS	Please click in the box indicating length of service			
	1-4	5-9	10-20	20+
Years of employment at Hamilton Health Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: Unit/Program/Hospital Committee Involvement	Please click in the box indicating role/type of involvement		
	Within past 5 years (date)	Current	Executive, Chair or Lead
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

... SECTION F: next page

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SECTION F: Professional Activities		Please click in the box indicating role/type of involvement	
Network/National/Provincial Professional Association Membership Do not include CNO or ONA (but may include RNAO interest group etc)		Within past 5 years (list dates)	Executive, Chair or Lead
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
Community Organization or Volunteer Roles		Within past 5 years (list dates)	Executive, Chair or Lead
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
Publications and/or Presentations (Publications & presentations must be peer-reviewed/received)		Within past 5 years (list dates)	Executive, Chair, or Lead
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
Other Professional Activities (list)		Within past 5 years (list dates)	Current
Clinical Tutor		<input type="checkbox"/>	<input type="checkbox"/>
University Appointment		<input type="checkbox"/>	<input type="checkbox"/>
Independent initiatives in clinical area or profession (i.e. Preceptor)		<input type="checkbox"/>	<input type="checkbox"/>
Other(s) (please specify):		<input type="checkbox"/>	<input type="checkbox"/>

The Margaret R. Charters Bursary Award is made possible by the generosity of the [HHS Medical Staff Association](#).

Please submit your completed **online form and accompanying documentation** to edfund@hhsc.ca by 1500h **Monday May 16, 2022**.