

## 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:**

MSA Office by scan/email to [msa@hhsc.a](mailto:msa@hhsc.a)

**No later than: 1500h Friday, September 22, 2023.**

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

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Signature

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Date (dd/mm/yyyy)

**Please note that all RN and RPN at HHS are welcome to apply. Priority will be given to those receiving this honour for the first time.**

# Margaret R. Charters Bursary Award Application Form - 2023

Made possible through the generosity of the HHS Medical Staff Association

<b>SECTION A</b>	
Surname:	First Name:
Home Address:	
City:	Postal Code:
Phone number:	Work Telephone and extension:

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

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

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

<b>SECTION E: Unit/Program/Hospital Committee Involvement</b>	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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<b>SECTION F: Professional Activities</b>	Please click in the box indicating role/type of involvement		
<b>Network/National/Provincial Professional Association Membership</b> Do not include CNO or ONA (but may include RNAO interest group etc)	Within past 5 years (list dates)	Current	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"/>
<b>Community Organization or Volunteer Roles</b>	Within past 5 years (list dates)	Current	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"/>
<b>Publications and/or Presentations</b> (Publications & presentations must be peer-reviewed/received)	Within past 5 years (list dates)	Current	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"/>
<b>Other Professional Activities (list)</b>	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"/>

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

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Please submit your completed **online form and accompanying documentation** to [msa@hhsc.ca](mailto:msa@hhsc.ca) by 1500h **Fri. Sept. 22, 2023**.