Saskatchewan Health Authority

BURSARY APPLICATION FORM

EMS – Primary Care Paramedic or Advanced Care Paramedic

I. PERSONAL DATA

Surname	**First Name**	**Initial**

Current Address (Street or P.O. Box)	**City/Town/Province/Country**	**Postal Code**

Current Email Address	**Current Telephone Numbers**
	Home: Other(s):

Name of Post-Secondary Program	**Name of Educational Institution**

Program Start Date	**Anticipated Date of Completion**

EMS Location Preference:

II. ELIGIBILITY CRITERIA

Applicants must meet the following criteria:

- Must provide verification of acceptance or enrollment into a PCP/ACP program recognized in Saskatchewan
- Must meet all requisite standards and pre-employment hiring criteria of the Saskatchewan Ambulance Service for which they are applying
- Must have a satisfactory criminal record check including vulnerable sector search (external applicants only)

III. RETURN IN SERVICE COMMITMENT

To receive a Bursary, applicants are required to sign a formal return in service agreement to work with the Saskatchewan Health Authority. The return for service is two (2) years full time (or 3,897.6 hours for other than full time).

☐ Yes, I would like to apply for the $5,000 (Regina/Saskatoon) Bursary and enter into a return in service agreement.

☐ Yes, I would like to apply for the $10,000.00 (Rural/Northern) Bursary and enter into a return in service agreement.

Have you entered, or plan to enter, into any other financial arrangement with a return in service agreement? ☐ Yes ☐ No

If "YES", please explain:

IV. SUBMISSION AND DECLARATION

Please enclose the following with your completed application form:

☐ Verification of enrolment in a recognized Primary Care Paramedic or Advanced Care Paramedic training program including start and end dates.

☐ A copy of your criminal record check including vulnerable sector search (must be dated within 6 months of application).

IMPORTANT: Incomplete applications will <u>not</u> be considered.

I hereby certify that all statements made in this application are true and complete in every respect.

_____

Signature of applicant

_____

Date

Fax or Email completed application to:

Saskatchewan Health Authority – EMS Management
Email: shaemsmanagement@saskhealthauthority.ca

All applications are subject to an approval process.