

SASKATCHEWAN BURSARY APPLICATION FORM

EMS – Primary Care Paramedic or Advanced Care Paramedic

I. PERSONAL DATA			
Surname	Maiden Name (if applicable)	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(s), Minimum of One Required			
II. ELIGIBILITY CRITERIA			
Applicants must meet the following criteria:			
<ul style="list-style-type: none">• 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			
III. RETURN FOR SERVICE COMMITMENT			
To receive a Bursary, applicants are required to sign a formal return for 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).			
<input type="checkbox"/> Yes, I would like to apply for the \$5,000 (Regina/Saskatoon) Bursary and enter into a return in service agreement.			
<input type="checkbox"/> Yes, I would like to apply for the \$10,000.00 (Rural/Northern) Bursary and enter into a return in service agreement.			
IV. SUBMISSION AND DECLARATION			
Please enclose the following with your completed application form:			
<input type="checkbox"/> Verification of enrolment in a recognized Primary Care Paramedic or Advanced Care Paramedic training program including start and end dates.			
<input type="checkbox"/> A copy of your criminal record check including vulnerable sector search (must be dated within 6 months of application).			
IMPORTANT: Incomplete applications will <i>not</i> be considered.			
I hereby certify that all statements made in this application are true and complete in every respect. _____ Signature of applicant _____ Date		Email completed application to: Saskatchewan Health Authority – EMS Management Email : shaemsmanagement@saskhealthauthority.ca All applications are subject to an approval process.	