



EMPLOYEE BURSARY APPLICATION

Chaleur Regional Hospital Foundation Scholarship Fund

The mission of the Chaleur Regional Hospital Foundation is to work We work in close collaboration with the Chaleur Regional Hospital to identify and respond to the dynamic needs of the health care system and to stimulate the engagement of our community. Operationally, we combine the support of Hospital endeavours with the respect of donor interests in an effort to meet the evolving healthcare needs.

Education is also an important component of the Chaleur Regional Hospital Foundation. It has therefore established a bursary fund in 1997 to support the education of staff and professionals working in the establishment.

Selection Criteria

1. Bursaries will be granted to active employees of **Vitalité Health Network** or SNB working at the Chaleur Regional Hospital. Applications can be submitted for continuing education programs, seminars, training workshops, conferences, conventions not covered by the Vitalité Health Authority.
2. Participate to the **staff lottery** organized by the Chaleur Regional Hospital Foundation.
3. Candidates **who have never received a bursary** from this fund may be given priority in order to ensure fairness among staff members.
4. **Particular importance will be given to question 7, 8 and 9.**
5. **You must answer every question on the form**, or your application will be considered incomplete.
6. **Approval by supervisor**
All bursary applications must be approved by the employee's supervisor to ensure that the training requested is essential, constituting an asset for the particular department and the Chaleur Regional Hospital

Deadline

Applications must be given in before January 31st, April 30th, July 31 and October 31st.

To apply, please complete the enclosed form and return it to:

CHALEUR REGIONAL HOSPITAL FOUNDATION

1750 Sunset Drive

Bathurst, N.B. E2A 4L7

tel.: (506)544-2370 fax: (506)544-2466

www.chaleurfoundation.ca • Fondation.Chaleur.Foundation@vitalitenb.ca

Selection Committee

A selection committee, made up of members of the Chaleur Regional Hospital Foundation Board of Trustees and a representative of the establishment, shall be responsible for selecting candidates and determining the amount of the bursaries to be giving.

Proof of participation

The employee will have to provide proof indicating his or her participation in the training program or session.

EMPLOYEE SCHOLARSHIP APPLICATION FORM

1. Personal Information

Name: _____ Employee # : _____

Address: _____

Telephone: _____ (home) _____ (work)

Please check the establishment to which you are assigned:

Chaleur Regional Hospital

Lameque Hospital and CHC

Enfant-Jésus RHSJ†Hospital

Tracadie Hospital

Are you employed:

Permanent part-time? _____ Permanent full time? _____ On a casual basis? _____

In what department? _____

2. Please specify the reason for your scholarship application.

Seminar: _____ Conference: _____ Workshop: _____

Continuing Education Program: _____ Convention: _____ Other: _____

3. Please describe the training program, including the location of the program. (seminar, conference, convention, etc.).

8. Why is it important for you to participate in this training program and why should you be granted a scholarship? How will this training program be beneficial to you, and the transfer of knowledge to colleagues your department and the hospital? (You can write on the back of this sheet or attach an additional sheet if you need more space).

Blank lines for writing the answer to question 8.

9. Demonstrate the potential impact of this training on the quality of care; innovation in hospitals and the development of clinical or technical expertise.

Blank lines for writing the answer to question 9.

EMPLOYEE: By checking this box, I certify that the statements made in this application are true and complete to the best of my knowledge. I am aware that misrepresentation or falsification may result in the rejection of the application.

SIGNATURE

DATE

SUPERVISOR: By checking this box, I certify that the training requested constitute an asset for the department and the Chaleur Regional Hospital.

SIGNATURE OF SUPERVISOR

DATE

Print Name: _____

Telephone number of Supervisor: _____