



McGill

Dialogue McGill  
Better Communication for Better Care

TRAINING AND RETENTION OF HEALTH PROFESSIONALS PROJECT

## HEALTH AND SOCIAL SERVICES COMMUNITY LEADERSHIP BURSARY PROGRAM 2020-2021 ACADEMIC YEAR

### FORM 1: STUDENT APPLICATION

THE DEADLINE FOR STUDENTS TO SUBMIT THIS APPLICATION FORM TO COMMUNITY NETWORK IS MAY 19, 2020

BEFORE FILLING OUT THIS APPLICATION READ [THE GUIDE](#)

NOTE: PLEASE DOWNLOAD THIS FORM, OPEN IT AND FILL IT OUT ON YOUR COMPUTER WITH ADOBE READER XI OR HIGHER.  
YOU CAN GET A FREE COPY OF ADOBE READER FROM THE [ADOBE WEBSITE](#).  
IT IS AVAILABLE FOR WINDOWS, MAC AND ANDROID DEVICES.

APPLICATION FOR:

\_\_\_\_\_

Bursary Category

SPONSORED BY:

\_\_\_\_\_

Name of Community Network

FOR:

\_\_\_\_\_

Name of Student

PURSUING STUDIES AT:

\_\_\_\_\_

Name of Educational Institution

PROGRAM OF STUDY:

\_\_\_\_\_

Name of Program

SUBMITTED ON:

\_\_\_\_\_

(yyyy/mm/dd)

## BURSARY APPLICATION

The student must submit this signed and dated form and supporting documents to the contact person at the participating community network (please refer to the "Directory of Participating Community Networks" on Pgs. 13 to 15 of the Application Guide).

### Section 1: Bursary Program Applicant

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Other Gender ☐ Prefer not to say

### Section 2: Primary Residence in Selected Quebec Region (Home Region)

Selected Quebec region where you reside/are from: \_\_\_\_\_

How long have you resided in this region? From: \_\_\_\_\_ Until: \_\_\_\_\_  
(yyyy/mm/dd) (yyyy/mm/dd)

### Section 3: Contact Information

Mailing address in selected Quebec region: \_\_\_\_\_

Municipality: \_\_\_\_\_ Province: Québec Postal Code: \_\_\_\_\_

Is this your primary place of residence during your studies? ☐ Yes ☐ No

**If no**, please provide residential address during your studies:

Mailing address: \_\_\_\_\_

Municipality: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_ E-mail address: \_\_\_\_\_

What is the best way to contact you? ☐ Telephone 1 ☐ Telephone 2 ☐ E-mail

### Section 4: Citizenship

Status of your citizenship: ☐ Canadian Citizen ☐ Permanent Resident

### Section 5: English and French Language Skills

*Click to view the description of Language Skills*

Using the above level descriptions, how would you rate your language proficiency in English and French:

	<u>To understand</u>	<u>To speak</u>	<u>To read</u>	<u>To write</u>
English	_____	_____	_____	_____
French	_____	_____	_____	_____

## Secondary School Certificate

Did you obtain a Secondary School Certificate in Quebec? ☐ Yes ☐ No

Year obtained? \_\_\_\_\_

## Section 6: Educational Institution Where You are Studying during the 2020-2021 Academic Year

Name of educational institution: \_\_\_\_\_

Municipality: \_\_\_\_\_ Province: \_\_\_\_\_

Is the educational institution located in your home region? ☐ Yes ☐ No

## Section 7: Program of Study

Level of study: ☐ Cégep/College ☐ University

Program of Study you are accepted into: \_\_\_\_\_

Please indicate the expected diploma/degree obtained through this program:

Cégep/College: ☐ Diploma of College Studies (DCS) / *Diplôme d'études collégiales* (DEC)

University: ☐ Bachelor's degree / *Baccalauréat* ☐ Master's degree / *Maîtrise*  
☐ Doctorate degree / *Doctorat* ☐ Certificate / *Certificat*

**If you are studying in a program outside Quebec, please answer the following questions:**

Do you need to be a member of a Quebec professional order to work in this field in Quebec on completion of your studies?

☐ Yes ☐ No

If so, which professional order? \_\_\_\_\_

Is your outside-of-Quebec program of study recognized by that professional order? ☐ Yes ☐ No

## Section 8: Program Timeline

Date (yyyy/mm/dd) of entry into program: \_\_\_\_\_

Date (yyyy/mm/dd) of expected completion of program: \_\_\_\_\_

What year are you in as of September 2020: ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup>

## Section 9: Knowledge of Bursary Program

**How did you find out about the Bursary Program?** ☐ CISSS/CIUSSS ☐ Community center ☐ Community network

☐ Educational institution ☐ E-mail ☐ Family ☐ Friend ☐ Internet ☐ Dialogue McGill website

☐ Newspaper ☐ Social Media ☐ Television ☐ Place aux jeunes en région ☐ Other

If other, please specify: \_\_\_\_\_

## Section 10: Reason(s) for Requesting a Bursary

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Why are you requesting a bursary? (*Maximum 200 words*)

## Section 11: Knowledge of and involvement in the English- speaking Community

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**Please describe your involvement in the English-speaking community of your region:**

This can include activities such as working or volunteering for a local government agency, non-governmental organization (NGO), educational institution, hospital, clinic, care facility, daycare center, summer camp, community center, library, homeless shelter, etc. (*Maximum 200 words*)

How long have you been involved in the above activities? \_\_\_\_\_

Please describe your knowledge of the English-speaking community where you live. (*Maximum 200 words*)

## Section 12: Reason(s) for Working in your Community/ Region

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**Why do you want to work in your community/region in the area of health and social services?** *(Maximum 200 words)*

**As a health and social services professional in your region, how can you make a difference to the provision of services to English-speaking persons?** *(Maximum 100 words)*

## Section 13: Interest in Doing a Clinical Practicum in the Region

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If clinical practica are a requirement of your program of study, on a scale of 1 to 5, with 5 being the most likely, will you request one in your own region? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

If a clinical practicum is available in your region, on a scale of 1 to 5, with 5 being the most likely, how likely would you be to accept it? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

## Section 14: Checklist of Supporting Documents to Submit

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### Mandatory for all applicants

Please submit the following required documents with this application form:

- ☐ Your most recent Curriculum Vitae
- ☐ Letter of Acceptance into Program received from your educational institution
- ☐ Your most recent Academic Transcript

### **Two Community Reference Providers:**

You must provide two references that are submitted directly to the sponsoring community network. Please click on Reference 1 and Reference 2 to obtain Community Reference forms.

\_\_\_\_\_  
Name of [Reference 1](#)

\_\_\_\_\_  
Name of [Reference 2](#)

## Section 15: Student Declaration

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I do hereby consent that the information contained in my Bursary Program application be transmitted to Dialogue McGill for the purpose of evaluating this application.

I declare that:

- The information that I have provided in this application is accurate and complete.
- The information in the supporting documents submitted is accurate and complete.
- I will advise the community network of any change in my contact information.
- I commit, if awarded a bursary, to completing my studies in a government recognized health and social services program that permits me to practice in my field in Quebec upon completion of studies.
- I commit, if awarded a bursary, to working in my home region following completion of studies in a public health and social services institution or related organization for a minimum of one year of full time work per bursary awarded or the equivalent in hours of one year of full time time work.
- I agree, if awarded a bursary, to conform to the Bursary Program Recipient Responsibilities and Payment Modalities listed on Pgs. 7 and 8 of the Application Guide.
- If I drop out of the agreed upon program of study or if I default on my commitment in any other way, I agree to report in writing to the community network and to reimburse the sponsoring community network, any money I will have received in accordance with the contract signed between myself and the community network.
- If I default on my commitment by ceasing to work in my home region before the fixed period has expired, I agree to reimburse the sponsoring community network, within three years following the date I graduated, the amount of the bursary prorated for the remaining period.
- If I default on my commitment by not working in my home region, I agree to reimburse the sponsoring community network the bursary amount received, within three years of graduating from my program of study.
- If I am unable to find employment in my home region, but secure employment in another selected Quebec region, I will be deemed to have fulfilled my commitment after one year of employment per bursary received in that other region. In this case, I must show proof of my unsuccessful job search in my home region.
- If awarded a bursary, I grant the community network, Dialogue McGill and health and social services institutions permission to disseminate for promotional purposes, my photographic image, curriculum vitae and information about the bursary awarded.
- If awarded a bursary, I agree to allow my contact information to be entered into a database of health and social services professionals able to provide healthcare services in English that can be distributed to health and social services institutions and posted on the Dialogue McGill recruitment website.
- If awarded a bursary, I grant the community network permission to provide the CISSS or the CIUSSS with my name and contact information for potential practicum placement and recruitment purposes.
- I agree, upon completion of studies, to participate in any formal follow-up monitoring or evaluation of the Program conducted by the community network or Dialogue McGill.

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Name

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Signature

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Date (yyyy/mm/dd)