



**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 2: COMMUNITY REFERENCE**

**REFERENCES MUST BE SUBMITTED TO THE COMMUNITY NETWORK BY  
May 7, 2021**

*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.*

**TITLE PAGE AND SECTION 1 TO BE COMPLETED BY THE STUDENT, SECTIONS  
2 TO 4 TO BE COMPLETED BY THE REFERENCE PROVIDER**

APPLICATION 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)

SUBMITTED BY:

\_\_\_\_\_  
Name of Reference Provider

**INSTRUCTIONS FOR STUDENT**

**INSTRUCTIONS FOR REFERENCE PROVIDER FOR THE STUDENT**

Section 1: Information on Community Network (To be completed by the student)

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Name of community network: \_\_\_\_\_ Tel. number: \_\_\_\_\_  
Contact person: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Section 2: Information on Reference Provider (To be completed by the provider)

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Name of reference provider: \_\_\_\_\_  
Name of organization: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Province: Québec Postal Code: \_\_\_\_\_  
Cell. number: \_\_\_\_\_ Tel. number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Section 3: Student's Knowledge of and Involvement with the English-speaking Community of the Region (To be Completed by the Provider)

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**3.1 How long have you known the student?** \_\_\_\_\_

**3.2 How long has the student been involved in your organization / community?** \_\_\_\_\_

**3.3 Please describe your relationship to the student:** (*Maximum 30 words*)

**3.4 Please describe the student's knowledge of and involvement in your English-speaking community:**  
(*Maximum 200 words*)

**3.5 How can the student make a difference to the provision of services to English-speaking persons by working in the field of health and social services upon completion of studies? (Maximum 200 words)**

**3.6 Do you recommend this candidate for this bursary?**

- YES without reservation  
 YES with reservation but feel that she/he should be given a chance, because:
- 

**3.7 Why is the student a good candidate for this particular bursary? (Maximum 200 words)**

## Section 4: Declaration by the Reference Provider

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**I declare that:**

The information that I have provided in this form is accurate and complete.

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| Name | Signature | Date (yyyy/mm/dd) |
|------|-----------|-------------------|
|------|-----------|-------------------|

The reference provider has an option to sign the form electronically, save the form and send it by email to the contact person at the participating community network identified in section 1 of this form.

The reference provider can also print the form, sign it, scan it and send it by email to the contact person at the participating community network.



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