

Name of Education Institution: _____



**MEASURE 2: RETENTION PROGRAM
EDUCATION INSTITUTIONS COMPONENT**

**APPLICATION FORM
FOR SPECIAL SUPERVISORY NEEDS**

Application Deadlines:

June 15, 2022

October 3, 2022

January 16, 2023

PROJECT SUBMITTED BY:

Name of Education Institution

PROJECT SUBMITTED ON:

(yyyy/mm/dd)

This initiative was made possible thanks to a financial contribution from Health Canada, supported by Dialogue McGill at McGill University

Ce document est aussi disponible en français: <https://mcgill.ca/dialoguemcgill/fr/forms/formulaires-relatifs-aux-projets-de-soutien-des-stages>

SUMMARY

CRITERIA, POLICIES AND PROCEDURES FOR MEASURES IN SUPPORT OF SPECIAL SUPERVISORY NEEDS

Context	A fund has been allocated for supporting special supervisory needs in situations where an education institution cannot provide adequate intern supervision. This fund will provide the institutions with funding to cover those needs.
Objective	Contribute to building students' capacity to be hired in a Quebec public health and social services institution.
Target group	In accordance with the statement of Dimension 2 – “Support for special supervisory needs” – in the Guide for Project Submission - Education Institution Retention Incentives Initiatives 2018-2023 , this document is for education institutions having special supervisory needs.
Fund holder	The education institution will receive an allocation and will see that financial support for the supervisor is used to cover the supervisor's expenses for intern supervision in accordance with authorized spending categories.
Application Forms	The education institution will complete the necessary forms. The forms and guidelines for completing them are attached hereto.
Eligibility Criteria	The institution is unable to provide supervision meeting the requirements of the academic program. For example, no supervisor having the training required by the education program is available.
Authorized Expenses	Supervision costs: salaries and professional fees. Travel expenses from education institution to internship region. Travel expenses within internship region. Housing expenses in internship region. Indicate any other appropriate spending categories relating to measures for special supervisory needs, e.g., computer microphone or other accessories for online supervision. The education institution must save all invoices and receipts.
Funding Amount per request	\$1,000 - \$5,000
Institution's Obligations	The education institution must monitor the internship. Upon completion of the internship, the coordinator at the institution must forward a supervision report (Appendix B) to Dialogue McGill.

GUIDELINES FOR SUBMITTING THE APPLICATION FORMS

The completed forms, duly signed and dated, must be returned electronically to retention.dialoguemcgill@mcgill.ca

To be completed by the education institution

1. Name of education institution: _____

2. Name of institution's internship coordinator: _____

3. Name of institution's director: _____

4. Name of student(s) intern(s): _____

5. Name of institution/organization hosting the intern(s):

6. Date of internship: _____

7. Supervision provided by: _____

8. Briefly explain the reasons for your application:

9. Type of supervision: Face-to-face Online/Telephone Other _____

10. Supervision costs (Salary or honoraria)

Number of hours: _____ X Hourly rate: \$ _____ = TOTAL: \$

11. Travel expenses from education institution to internship site:

_____ \$

12. Travel expenses within internship region:

_____ \$

13. Housing expenses in internship region:

_____ \$

14. Other expenses:

_____ \$

Financial support requested (total amount = 10 + 11 + 12 + 13 + 14):\$

Name of Education Institution: _____

Signature of internship coordinator

Date

Signature of institution's director

Date

****** FOR DIALOGUE MCGILL INTERNAL USE ******

Signature of Dialogue McGill Associate Director

Date

Signature of Project's Principal Investigator

Date

Name of Education Institution: _____

APPENDIX A

BUDGET 2022-2023

Fiscal Year 2022-2023 (April 1, 2022 - March 31, 2023)

Costs: _____

BUDGET	
Personnel (Salary or honoraria)	\$
Travel	\$
Housing	\$
Other (Please specify)	\$
	\$
	TOTAL: \$

APPENDIX B

SUPERVISION REPORT

To be completed by the Internship Supervisor

Name of Organization Hosting the Internship: _____

Name of Internship Supervisor: _____

Name of Student(s) Intern(s): _____

Did the student (s) provide services in English?

Yes. Estimate the percentage of time the student(s) provided services in English _____ %

No

Did the student(s) provide services in French?

Yes. Estimate the percentage of time the student(s) provided services in French _____ %

No

Number of supervision sessions _____ Per week _____ Per month

Number of hours of individual face-to-face supervision _____

Please describe supervision's impact on the participating organization where the internship took place.

Was an offer of employment made to student(s) intern(s) by the organization at the end of the internship?

Yes No

Explain:

Signature of the Internship Supervisor

Date