



**McGill**

**Dialogue McGill**  
Better Communication for Better Care

TRAINING AND RETENTION OF HEALTH PROFESSIONALS PROJECT

# HEALTH AND SOCIAL SERVICES COMMUNITY LEADERSHIP BURSARY PROGRAM 2019-2020 ACADEMIC YEAR

## TARGETED BURSARIES

### FORM 1: STUDENT APPLICATION

THE DEADLINE FOR STUDENTS TO SUBMIT THIS APPLICATION FORM TO COMMUNITY NETWORK IS JANUARY 27, 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:      | Targeted Bursary                |
| SPONSORED BY:         | _____                           |
|                       | Name of Community Network       |
| FOR:                  | _____                           |
|                       | Name of Student                 |
| PURSUIING 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 regional community network (please refer to the "Directory of Participating Community Networks" on Pgs. 12 and 13 of the Application Guide).

### Section 1: Bursary Program Applicant

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

Gender:  Male  Female  Other Gender

### Section 2: Contact Information

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

Municipality: \_\_\_\_\_ Province: \_\_\_\_\_ 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 3: Citizenship

Status of your citizenship:  Canadian Citizen  Permanent Resident

### Section 4: Primary Residence in Greater Montreal Region

Greater Montreal Region where you reside/are from: \_\_\_\_\_

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

### 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 2019-2020 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:  Vocational Training  Cégep/College  University

Program of Study you are accepted into:

Please indicate the expected diploma/degree obtained through this program:  Diploma of Vocational Studies

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

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

## Section 8: Program Timeline

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

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

Year of enrolment in program as of September 2019:  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

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

## Section 11: Involvement in the Community/Region

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### Please describe your history of involvement in your community/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? \_\_\_\_\_

## 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)*

What can you contribute to it? *(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 the catchment area?  1  2  3  4  5

If a clinical practicum is available in the catchment area, 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

### 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 Involvement 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 Involvement Reference forms.

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

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

## Section 15: Student Declaration

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 'or territory served by the community network 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 the catchment area served by the community network 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 in the catchment area served by the community network, 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 the catchment area, 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.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)