

HEALTH AND SOCIAL SERVICES COMMUNITY NETWORK BURSARY PROGRAM 2024-2025 ACADEMIC YEAR

FORM 1: STUDENT APPLICATION

THE DEADLINE FOR STUDENTS TO SUBMIT THIS APPLICATION FORM TO COMMUNITY NETWORKS IS May 7, 2024

BEFORE FILLING OUT THIS APPLICATION, PLEASE READ THE STUDENT APPLICATION 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 Type
SPONSORED BY:	Name of Community Network
FOR:	Student's name
PURSUING STUDIES AT:	Name of the Educational Institution
PROGRAM OF STUDY:	Name of Program
SUBMITTED ON:	Date This Form is Submitted

BURSARY APPLICATION

The student must complete and sign this form and return it to the sponsoring community network before the application deadline indicated on the cover page. Please see the directory of participating community networks in the Student Application Guide.

Section 1: Bursary Program Applicant						
Last name:	First name:					
Sex: ☐ Male ☐ F	emale Prefer not to respond					
Gender identity: ☐ N	Man ☐ Woman ☐ Prefer not to respond ☐ Other					
Section 2: Prim	ary Residence in Quebec Region (Home Region)					
Quebec region where	e you reside/are from:					
How long have you r	esided in this region? From:Until:					
Section 3: Cont	act Information					
Address in home reg	ion:					
Municipality:	Province: Québec Postal code :					
Is this your primary p	place of residence during your studies? Yes No					
If no, please provide	your residential address during your studies:					
Mailing address:						
Municipality:	Province: Postal code :					
Telephone 1	Telephone 2: E-mail address 1:					
E-mail address 2: What is the best way	to contact you? Telephone 1 Telephone 2 E-mail 1 E-mail 2					
Section 4: Citize	enship					
Status of your citizen	ship: □Canadian Citizen □Permanent Resident					
Section 5: Engl	ish and French Language Skills					
Skill level						
Elementary	No language skills or else major difficulty with basic communication (salutations, personal information, instructions, etc.).					
Intermediate	Little difficulty with basic communication, but problems with more complex communication (detailed explanations, opinions, etc.).					

Advanced	Few problems communicating in the language other than a few mistakes or requests to repeat what was said.						
Using the above level	descriptions, how would y	you rate your language p	roficiency in English and Fro	ench:			
	To understand	To speak	To read	To write			
English							
French							
Secondary School Co	ertificate in Quebec?	□Yes □No					
If yes, year obtained	?						
	cational Institutio 4-2025 Academi		e or Will Be Studyi	ng			
Name of educationa	l institution:						
Municipality:		P	rovince:				
Is the educational in	stitution located in you	r home region? ☐ ye	s □no				
If not, please indicate	e which region the educ	cational institution is lo	cated in:				
If a OQLF preparation Section 7: Prog		vailable, would you be	interested in attending?	□ Yes □No			
Level of study:	Vocational Training	□Cégep/Col	ege Universi	ty			
Program of study yo	u are accepted into:						
Please indicate th	e expected diploma/de	gree obtained through	this program:				
Vocational trainin	g center: \square Diploma	of vocational studies					
Cégep/college: □	Diploma of college stud	lies (DCS)/Diplôme d'ét	rudes collégiales (DEC)				
University: \Box	Bachelor's degree/Baco	calauréat					
	Master's degree/Maîtris	se □Doctorate degr	ee/Doctorat				
If you are studying in	n a program outside Qu	iebec, please answer t	he following questions:				
Do you need to be a	member of a Quebec p	rofessional order to w	ork in this field in Quebec	?			
□Yes □No							
If so, which profession	onal order?						
Is your program of st	tudy (outside Quebec) r	ecognized by this profe	essional order?	□No			

Section 8: Program Timeline
Date of entry into the program:
Expected date of completion of program:
What year are you in as of September 2024? 1 2 $\square 3$ $\square 4$
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 Other
If other, please specify:
Section 10: Bursary Recipient Award History
Have you been awarded the Community Network Bursary by Dialogue McGill before? ☐ Yes ☐ No
If yes, which year(s):
Section 11: Knowledge and Involvement in the English-speaking Community
Please describe your history of involvement in the English-speaking community:
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)

to clarify any potential conflicts.

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

(maximum 200 words)
As a health and social service professional in your region, how can you make a difference to the provision of health and social service to English-speaking communities? (maximum 100 words)
Please describe how you will provide direct health and social services to English-speaking communities. (maximum 200 words)
Castian 12. Interest in Daine a Clinical Desettance and Mandain that Dair
Section 13: Interest in Doing a Clinical Practicum and Work in the Region

sponsoring community network? Please enter your choice (1-5).

If a clinical practicum is available in your home region or catchment area of the sponsoring community network, on a scale of 1 to 5, with 5 being the most likely, how likely would you be to accept it? Please enter your choice (1-5).

Please list potential public health and social services institutions that you would likely apply to post-graduation: List for reference: https://m02.pub.msss.rtss.qc.ca/

Section 14: Checklist of Supporting Documents to Submit

Mandatory for all applicants

Please attach the following required documents to this application form:

- your most recent Curriculum Vitae
- o letter of acceptance into program received from your educational institution
- o your most recent academic transcript

Two community reference providers:

You must provide the names of two references that are submitted directly to the sponsoring community network. Click on Reference 1 and Reference 2 to obtain Community 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;
- For every bursary I am awarded, I commit to working in my home region, or in the catchment area of the sponsoring community network, in a public health and social services institution for a minimum of one (1) year. I understand that hours equivalent to one year of full-time work will be required to uphold this commitment;
- I agree, if awarded a bursary, to conform to the Bursary Recipient Commitment and Payment Modalities listed in the Student 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, or the catchment area of the sponsoring community network, <u>before the fixed period has expired</u>, 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 or the catchment area of the sponsoring 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 my home region or in the catchment area of the sponsoring community network, but secure employment in another eligible 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;
- 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 and/or Dialogue McGill.

Print Name		
Date (yyyy-mm-dd)		

Signature NOTE: Please print this form to PDF and then insert your e-signature, or print the form and sign by hand

