SOUTHWEST REGIONAL AMBULANCE COMMITTEE

BURSARY APPLICATION FORM

EMS - Primary Care Paramedic or Advanced Care Paramedic

(for High School Bursary applicants in a recognized training program or graduates of PCP/ACP program)

I. PERSONAL DATA

Surname	First Name	Initial

Current Address (Street or P.O. Box)	City/Town/Province/Country	Postal Code

Current Email Address	Current Telephone Numbers Home: Other(s):

Name of Post-Secondary Program	Name of Educational Institution

Program Start Date	Anticipated Date of Completion

EMS Location Preference:

- ☐ **EASTEND**
- ☐ **SHAUNAVON**

II. ELIGIBILITY CRITERIA

Applicants must meet the following criteria:

- Must provide verification of acceptance or enrollment into a PCP/ACP program recognized in Saskatchewan
- Must meet all requisite standards and pre-employment hiring criteria of the Saskatchewan Ambulance Service for which they are applying
- NOTE for Student Restricted Licence Holders: Applicants who have completed their program and hold a Student Restricted Licence are eligible to apply. However, only the initial 15% signing bonus ($3,000) will be disbursed at the outset. All subsequent disbursements (Year 1 year-end, Year 2, and Year 3 payouts) are contingent upon obtaining full licensure with SCoP. If full licensure is not obtained, those disbursements will be withheld until proof of licensure is provided.

III. RETURN IN SERVICE COMMITMENT

To receive a Bursary, applicants are required to sign a formal return in service agreement to work for the Saskatchewan Ambulance Service in Eastend/Shaunavon. The return in service is three (3) year full time hours (or 5846.4 hours for other than full time).

- ☐ Yes, I would like to apply for the $2,000 (Eastend/Shaunavon) High School Student Bursary and enter in a return in service agreement. **Eligible for High School Students**

☐ Yes I would like to apply for the $20,000 (Eastend/Shaunavon) Recruitment Bursary and enter into a return in service agreement. **Eligible for graduates of PCP or ACP programs*

Have you entered, or plan to enter, into any other financial arrangement with a return in service agreement?

☐ Yes

☐ No

If "Yes", please explain:

IV. SUBMISSION AND DECLARATION

Please enclose the following with your completed application form:

☐ Verification of acceptance or enrollment in a recognized Primary Care Paramedic or Advanced Care Paramedic training program including start and end dates. **For High School Bursary**

☐ *Verification of certificate of graduation (For PCP / ACP Recruitment Bursary)*

☐ ***Confirmation of passing SHA EMS pre-employment screening***

☐ ***Copy of Criminal Record Check including Vulnerable Sector Search*** *(as obtained through SHA; must be dated within 6 months)*

IMPORTANT: Incomplete applications will <u>not</u> be considered.

I hereby certify that all statements made in this application are true and complete in respect.

_____

Signature of applicant

_____

Date

Fax or Email completed application to:

Town of Shaunavon
communications@shaunavon.com

Town of Eastend
eastend.rm49.rosa@sasktel.net

All applications are subject to an approval process.
IMPORTANT: bursary payments are subject to taxation, Canada Revenue Agency rules apply.