SOUTHWEST REGIONAL AMBULANCE COMMITTEE

BURSARY APPLICATION FORM

Emergency Medical Responder Training

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):

EMS Location Preference:

- ☐ **EASTEND**
- ☐ **SHAUNAVON**

II. ELIGIBILITY CRITERIA

• Applicants must meet all requisite standards and pre-employment hiring criteria of the Saskatchewan Ambulance Service for which they are applying.
• Applicants must provide a satisfactory Criminal Record Check including vulnerable sector search (as obtained through SHA; must be dated within 6 months)

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 or Shaunavon. The return for service is one (1) year full time hours (or 1948.8 hours for other than full time.)

IV. SUBMISSION AND DECLARATION

Please enclose the following with your completed application form:

- ☐ **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.***