



BURSARY APPLICATION FORM

EMS – Primary Care Paramedic or Advanced Care Paramedic
(for applicants in a recognized training 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:		
II. ELIGIBILITY CRITERIA		
Applicants must meet the following criteria:		
<ul style="list-style-type: none"> • 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 • Must have a satisfactory criminal record check including vulnerable sector search (external applicants only) 		
III. RETURN IN SERVICE COMMITMENT		
<p>To receive a Bursary, applicants are required to sign a formal return in service agreement to work with the Saskatchewan Health Authority. The return for service is two (2) years full time (or 3,897.6 hours for other than full time).</p> <p><input type="checkbox"/> Yes, I would like to apply for the \$5,000 (Regina/Saskatoon) Bursary and enter into a return in service agreement.</p> <p><input type="checkbox"/> Yes, I would like to apply for the \$10,000.00 (Rural/Northern) Bursary and enter into a return in service agreement.</p> <p>Have you entered, or plan to enter, into any other financial arrangement with a return in service agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES", please explain:</p>		
IV. SUBMISSION AND DECLARATION		
<p>Please enclose the following with your completed application form:</p> <p><input type="checkbox"/> Verification of enrolment in a recognized Primary Care Paramedic or Advanced Care Paramedic training program including start and end dates.</p> <p><input type="checkbox"/> A copy of your criminal record check including vulnerable sector search (must be dated within 6 months of application).</p> <p>IMPORTANT: Incomplete applications will <u>not</u> be considered.</p>		
<p>I hereby certify that all statements made in this application are true and complete in every respect.</p> <p>_____</p> <p>Signature of applicant</p> <p>_____</p> <p>Date</p>	<p>Fax or Email completed application to:</p> <p>Saskatchewan Health Authority – EMS Management Email: shaemsmanagement@saskhealthauthority.ca</p> <p>All applications are subject to an approval process.</p>	