

**NURSES RECRUITMENT AND RETENTION FUND  
APPLICATION FOR RELOCATION ASSISTANCE**

Completed original application forms should be forwarded to:

**Facilitator  
Nurses Recruitment and Retention Fund  
Room 1043A – 300 Carlton Street  
Winnipeg, Manitoba  
R3B 3M9**

**SECTION A**

Name: \_\_\_\_\_  
Surname First Name

**Address in Manitoba:**

\_\_\_\_\_  
Street Name P.O. Box #

\_\_\_\_\_  
City/Town Postal Code

Telephone Number – Home: --  
Work: --

**SECTION B**

**PLEASE ATTACH PHOTOCOPY OF MANITOBA REGISTRATION/LICENSE**

**Nursing Category: (check applicable box)**

- Registered Nurse
- Registered Nurses (Extended Practice)
- Registered Psychiatric Nurse
- Licensed Practical Nurse

**Photocopy of registration/license attached**

- Yes
- No. If No, please explain: \_\_\_\_\_

**NURSES RECRUITMENT AND RETENTION FUND**

**SECTION C  
REQUEST FOR RELOCATION ASSISTANCE**

**Employment in Manitoba**

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Position

\_\_\_\_\_  
Area of Nursing

How did you hear about the Nurses Recruitment and Retention Fund?

Job Fair \_\_\_\_\_  Advertising or Publication (name) \_\_\_\_\_

Other: \_\_\_\_\_

Where did you take your initial level of nursing training? (Province/Country) \_\_\_\_\_

Year of Graduation from initial level of nursing education? \_\_\_\_\_

What date will/did your employment commence in Manitoba? Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Date of move to Manitoba? \_ Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Were you previously employed in the nursing profession in Manitoba?

- No  
 Yes. If yes, indicate when and where you were employed:

\_\_\_\_\_  
Employer/Organization Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Postal Code

**Are you receiving relocation assistance from any other source?**

- No  
 Yes. If yes, indicate amount provided and source: \_\_\_\_\_

**NURSES RECRUITMENT AND RETENTION FUND**

**SECTION D**

**Claim for Relocation Assistance from:**

\_\_\_\_\_  
Street/Avenue

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Previous Employer

**(Proof of previous residency may be requested) to:**

\_\_\_\_\_  
Street/Avenue

\_\_\_\_\_  
City/Town

Manitoba

\_\_\_\_\_  
Province

**Checklist for completed application:**

Have you filled out:

- \_\_\_\_\_ Section A
- \_\_\_\_\_ Section B
- \_\_\_\_\_ Section C
- \_\_\_\_\_ Section D
- \_\_\_\_\_ Section E
- \_\_\_\_\_ Section F

Have you attached a photocopy of:

- \_\_\_\_\_ your CRNM/CRPNM/CLPNM license
- \_\_\_\_\_ your letter of offer

**FOR OFFICE USE ONLY:**

Mileage approved at \_\_\_\_\_ \* 1.75 = \_\_\_\_\_  
Kilometers Total Claim

Claim approved for: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

## NURSES RECRUITMENT AND RETENTION FUND

### EMPLOYEE DECLARATION AND AGREEMENT

#### SECTION E

I declare that:

1. The above information is true and complete.
2. I have been employed continuously in the nursing profession in Manitoba since \_\_\_\_\_ and I intend to continue my employment as a nurse in Manitoba for not less than 12 months from that date at 0.6 EFT or higher.

I agree that if I am not employed in Manitoba as a nurse for the full 12 months at 0.6 EFT or higher \*:

1. I will notify the Nurses Recruitment and Retention Fund in writing of the last day of employment immediately upon tendering my resignation or termination.
2. I will repay all of my relocation assistance to the Nurses Recruitment and Retention Fund.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\*I understand that my employment must be for a continuous term of 12 months. Manitoba *may* extend the time to complete the term of 12 months or grant temporary absences for pregnancy or health related matters. Each request will be examined on its own merits by the Nurses Recruitment and Retention Fund for a final decision.

#### SECTION F

### EMPLOYER CERTIFICATION AND AGREEMENT

We certify that:

1. \_\_\_\_\_ has been employed as a \_\_\_\_\_ since \_\_\_\_\_ at a full time equivalent position by our organization.
2. We intend to employ this person for a period not less than 12 months in a position for which other qualified candidates were not available.
3. This individual was recruited from \_\_\_\_\_ and was not a resident of Manitoba in the past year.

We agree that if this person leaves this organization before completing a full year of employment at 0.6 EFT or higher, we will provide written notice to the Nurses Recruitment and Retention Fund immediately upon determining that the individual's employment will be terminated.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Postal Code