

## APPLICATION FORM:

<b>Date:</b>	
<b>Name:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Address:</b>	
<b>Postal Code:</b>	
<b>Professional Designation &amp; License Number:</b>	
<b>Social Insurance Number:</b>	
<b>Emergency Contact Information:</b>	
<b>How did you hear about Nurse Relief?</b>	

**QUESTIONS:**

*In order to organize our contacts better, please provide us with the following information:*

<b>1. List your areas of expertise</b>	
<b>2. Are you currently employed?</b> a. If so, who is your employer? b. What is your availability?	
<b>3. How you willing to travel for work?</b>	
Locally (Y/N)	
Provincially (Y/N)	
Inter-provincially (Y/N)	
<b>4. What is your preferred contact length?</b>	
<b>5. What are your preferred shifts (days, evenings, weekends)?</b>	
<b>6. What are your salary expectations (per hour)?</b>	
<b>7. Are you a resident of Canada or eligible to work in Canada (please specify which is applicable)?</b>	
<b>8. Which provinces are you licenced to work in?</b>	
<b>9. Do you prefer a temporary or a permanent position?</b>	
<b>10. Do you have a valid driver's licence and vehicle?</b>	
<b>11. Please provide us with any additional information that may help in job placement</b>	
<b>12. Are you currently in a contract with another travel nursing agency? If YES, which agency and facility?</b>	

**REQUIRED DOCUMENTATION:**

Along with this application form, please send us the following documents:

<b>DOCUMENTS REQUIRED</b>	
• Copy of your CPR	<input type="checkbox"/>
• Copy of nursing licence	<input type="checkbox"/>
• Driver's license and one other piece of ID	<input type="checkbox"/>
• Current criminal/vulnerable records check (within the last 6 months)	<input type="checkbox"/>
• Immunization records	<input type="checkbox"/>
• Covid Immunization record	<input type="checkbox"/>
• Provincial Health Care Card Number	<input type="checkbox"/>
• Any other professional certificates	<input type="checkbox"/>
• Completed reference list included with this application	<input type="checkbox"/>
• Completed Self Assessment Skills Checklist	<input type="checkbox"/>

***In order to process your application, please ensure the requested documents are sent as individual PDF's.***

<b>Name:</b>	
<b>Designation:</b>	
<b>Email:</b>	

## REFERENCES

Please complete this form with contact details for three references and return with your application form.

### Reference 1

<b>Name:</b>	
<b>Email:</b>	
<b>Number:</b>	
<b>How do you know this Reference?</b>	

### Reference 2

<b>Name:</b>	
<b>Email:</b>	
<b>Number:</b>	
<b>How do you know this Reference?</b>	

### Reference 3

<b>Name:</b>	
<b>Email:</b>	
<b>Number:</b>	
<b>How do you know this Reference?</b>	