



**REGISTERED PSYCHIATRIC NURSES
ASSOCIATION OF SASKATCHEWAN**

**APPLICATION
FOR
REGISTERED PSYCHIATRIC NURSE (RPN) BURSARY**

NAME: _____

ADDRESS: _____
(street/box number)

_____ (town/city) (prov) (postal code)

TELEPHONE NUMBER: _____

REGISTRATION NUMBER: _____

**PLACE OF
EMPLOYMENT:** _____

POSITION TITLE: _____

On separate paper please answer the following questions fully and accurately. In the case of more than two applicants, this questionnaire will be the deciding factor for awarding of bursary. Attach your answers to the application.

1. Have you been a member in good standing for two years immediately preceding request for bursary?
2. What is your present place of employment? What type of mental health service is provided and in what capacity are you employed in that setting?
3. Please give a description of course or program you are undertaking and expected completion date.
*** Attach: (a) a written description of the course or program from the educational facility.
(b) verification of your acceptance into the program*

4. Describe your involvement in activities other than those related to work which have contributed to the profession of psychiatric nursing. List professional and/or community involvement.
5. If you have received prior funding from the Registered Psychiatric Nurses Association of Saskatchewan, please describe the type and amount received.
6. How will the workshop, course or program enhance your career in psychiatric nursing and help you in accomplishing your career goals? (500 - 1000 words)

I _____ hereby certify that the information included in this application is true and correct.

Signature of Applicant

Date

RETURN APPLICATION TO:

Registered Psychiatric Nurses Association of Saskatchewan
2055 Lorne Street
Regina, SK S4P 2M4
Telephone: (306) 586-4617; Fax: (306) 586-6000