

# EMPLOYED STUDENT NURSE (ESN) APPLICATION FORM

Deadline for submission is April 21, 2023. Please email the application to [esn@phsa.ca](mailto:esn@phsa.ca)

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## APPLICANT INFORMATION

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Last Name

Given Name

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Address

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Email

Contact Number

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## NURSING PROGRAM / COURSE INFORMATION

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Nursing School

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Date Program Started (MM/DD/YY)

Program Completion Date (MM/DD/YY)

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Do you have your BCCNM employed student registration?

YES

NO

(Required prior to commencing work)

If yes, what is your license number? Please include all digits including the zeroes.

You will only have a license number if you have been an ESN in the past. If not, please select no.

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Do you have the required CPR—Current Level 'C'? Please state the expiry date (MM/DD/YY).

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Are all of your immunizations up to date?

YES

NO

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Please acknowledge your understanding that being fully vaccinated against COVID-19 starting October 26, 2021 will be a condition of employment for the position you have applied to.

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Additional relevant pediatric courses

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What year would you be going into during your ESN placement?

Completion date of your pediatric rotation\* (MM/DD/YY):

(Please note: this is required to be an ESN in pediatrics)

## ESN EMPLOYMENT /APPLICATION INFORMATION

Are you currently employed as an ESN in another Health Authority?*	YES	NO
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(\*Please note that you may only work as an ESN in one Health Authority at one time)

## APPLICANT AVAILABILITY

The successful candidate must be available to work during June to December 2023 as per a pre-determined rotation. Shifts will be days, nights and weekends and accommodate for your fall school classes.

What intake start date are you available for?	May 25	July 27
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Are you available to work a minimum of 2-3 shifts per week? This is a requirement at BC Children's Hospital.	YES	NO
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Please provide the dates when you are available to work 2-3 shifts per week

Start Date (MM/DD/YY)

End Date (MM/DD/YY)

Between the months of May to December (May-October for May 25 start date and July-December for July 27 start date), is there any extended period of time that you will not be available to work?

Upon completion of your full-time ESN experience, are you available to continue working on a part-time basis, if additional hours are available, when you are back in school?	YES	NO
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## UNIT / WARD PREFERENCE

Please note you must have successfully completed your pediatric rotation to be considered for an ESN placement at BC Children's Hospital. Please choose two units at BC Children's Hospital listed below (1, 2) with 1 being your first preference.

Pediatric Medicine

Pediatric ICU

Pediatric Surgery and Cardiac Surgery

Pediatric Acute Rehabilitation Unit (Sunny Hill Health Centre)

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## PROGRAM PREFERENCE

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Please tell us why you have chosen the BC Children's Hospital as your first preference.

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## FUTURE CAREER PLANS

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What are your career goals in this chosen area of pediatrics?

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## RELEVANT WORK AND VOLUNTEER EXPERIENCE WITH CHILDREN AND YOUTH

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Your Title

Employer

## COMPETENCIES ASSESSMENT

Please rate your own competencies using the scale below. Tick the box of the number that best represents your level on each competency (please see example).

### SCALE

- 1 I have not performed / demonstrated this and may require more education and support
- 2 I perform / demonstrate fairly consistently and may require support and more practice
- 3 I perform / demonstrate consistently, independently and with confidence
- 4 Not Applicable

### Example

- |   |                       |                                  |                       |                       |
|---|-----------------------|----------------------------------|-----------------------|-----------------------|
|   | 1                     | 2                                | 3                     | 4                     |
| 1. Assumes responsibility for maintaining self-regulation / self-mastery. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### COMPETENCIES

- |   | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| 1. Assumes responsibility for maintaining self-regulation / self-mastery.   |   |   |   |   |
| 2. Establishes and maintains effective relationships with clients, families and members of the health care team.  |   |   |   |   |
| 3. Ensures comprehensive communication and documentation of care (focus charting, creating and individualizing care plans, using flow sheets to communicate care, etc.)   |   |   |   |   |
| 4. Provides timely and effective teaching with clients, children/women and families (assesses learning needs, uses teaching resources, accesses resources, documents teaching and family comprehension of learning, etc.) |   |   |   |   |
| 5. Organizes, plans and coordinates care effectively.   |   |   |   |   |
| 6. Provides safe nursing care to patients and families (safety assessments, environmental safety checks, etc.)  |   |   |   |   |
| 7. Provides family centered care.   |   |   |   |   |

## SKILLS ASSESSMENT

1 2 3 4

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### 1. ASSESSMENTS

- a. Head to Toe (infant to youth)
- b. Mental Health
- c. Pain Assessment
- d. Safety and Environment Assessment

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### 2. PARENTERAL / INFUSION THERAPY

- a. Site to Source Assessment
- b. Troubleshooting
- c. Infusion Pumps (Syringe, Volumetric)
- d. Changed / Added Solutions
- e. Infusion System set-up (Primed lines, Checked solutions)
- f. Discontinued Infusions

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### 3. GI

- a. N/G Tube Insertion
- b. Administering Tube Feedings
- c. Administering Enema
- d. Infant Feeding
- e. Other

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### 4. SKIN AND WOUND CARE

- a. Dressings
- b. Other

## SKILLS ASSESSMENT (CONTINUED)

1 2 3 4

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### 5. RESPIRATORY CARE

- a. Oxygen Therapy
- b. Suctioning

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### 6. BASIC CARE AND PATIENT MOBILIZATION

- a. Transfers
- b. Ambulation
- c. Bedbaths
- d. Turning / Repositioning
- e. Play Therapy

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### 7. INFECTION CONTROL

- a. Isolation Techniques

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### 8. PATIENT AND FAMILY TEACHING

- a. Medication Teaching
- b. Other (e.g. asthma teaching, baby bath, etc.)

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Additional comments (if applicable)

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## CHECKLIST

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Have you completed the form in full?

Have you submitted the following to [esn@phsa.ca](mailto:esn@phsa.ca):

- Application Form
- Cover Letter
- Resume (please ensure your resume includes all of your clinical placements)
- Medical / Surgical Clinical Evaluation
- Unofficial Transcript
- Reference (must include two references—clinical instructor reference and personal / work reference)
  - Please provide your Pediatric Clinical Instructor for your Pediatrics placement

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## THANK YOU FOR YOUR INTEREST IN PHSA'S ESN PROGRAM

Due to the large number of applications received, we are unable to confirm the status of individual applications.

**Please note: Only short listed applicants will be contacted for an interview.**