

EMPLOYED STUDENT NURSE (ESN) APPLICATION FORM

Deadline for submission is November 30, 2023. Please email the application to esn@phsa.ca.

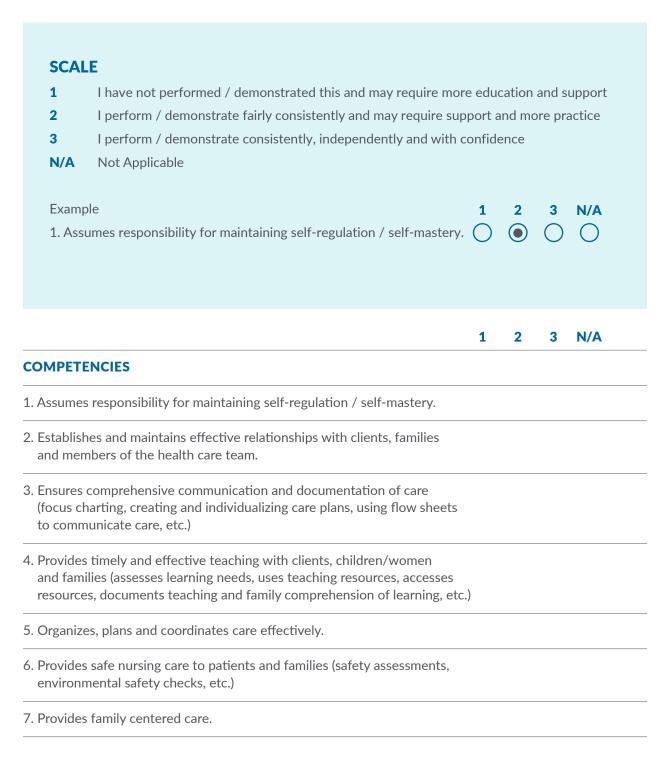
UNIT / WARD PRE	FERENCE	
Please choose the unit listed	below as your preference.	
TB Clinic Vancouver		
PROGRAM PREFER	RENCE	
Please tell us why you have o	chosen BCCDC as your first preference.	
FUTURE CAREER P	PLANS	
What are your career goals in	n this chosen area of Public Health?	
RELEVANT WORK	AND VOLUNTEER EXPERIENCE	
Your Title	Employer	



BC CENTRE FOR DISEASE CONTROL

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).



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SKILLS ASSESSMENT

1 2 3 N/A

1. ASSESSMENTS

- a. Head to Toe
- b. Body Systems
- c. Mental Health
- d. Pain Assessment
- e. Safety and Environment Assessment

2. SKIN AND WOUND CARE

- a. Skin and Wound Assessments
- b. Dressings

3. CHANGE TO MEDICATION ADMINISTRATION

- a. Medication Teaching to Patient and Family
- b. Medication Administration

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Additional comments (if applicable)

CHECKLIST

Have you completed the form in full?

YES

NO

Have you submitted the following to esn@phsa.ca:

PHSA General Application Form

Program-specific Application form(s) (this 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)

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.