

Please see program specific application form for application deadline.
Please email the application to esn@phsa.ca

APPLICANT INFORMATION

Last Name

Given Name

Address

Email

Contact Number

NURSING PROGRAM / BCCNM REGISTRATION INFORMATION

Nursing School

Date Program Started (MM/DD/YY)

Program Completion Date (MM/DD/YY)

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 zeros.

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

Do you have your current certification in CPR?

YES

NO

Please state the expiry date (MM/DD/YY).

Are all of your immunizations up to date?

YES

NO

Are you aware that prior to receiving a job offer with PHSA you must be fully vaccinated against COVID-19 and provide evidence or have an approved exemption from the Provincial Health Officer (PHO).

YES

NO

What year/term would you be going into your ESN placement?

ESN EMPLOYMENT APPLICATION INFORMATION

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

Please provide the expected completion date of your Adult Medical/Surgical Rotation

At the time of your Employed Student Nurse placement, which relevant rotations would you have completed?

Please indicate your program preference(s), listing your first, second and/or third choice (if applicable).

Please note that in addition to this application, you must also complete the program specific application form.

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|---|--|
| BC Children’s Hospital | BC Mental Health & Substance Use Services: |
| BC Women’s Hospital | • Adult Mental Health & Substance Use |
| BC Children’s Child & Youth Mental Health | BC Centre for Disease Control |
| BC Cancer | |

APPLICANT AVAILABILITY

Are you available to work 2-3 shifts per week? YES NO

Shifts may start as early as December 2023. What months will you be available to work as an ESN? Shifts may be days, nights, and weekends.

During your stated availability, is there any extended periods of time you will not be available to work?

Upon completion of your ESN experience, are you available to continue working on a part-time basis when you are back in school? YES NO

PRIVACY STATEMENT

Are you legally entitled to work in Canada?	YES	NO
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Are you currently an employee of the Provincial Health Services Authority or one of its Agencies?	YES	NO
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Have you previously been an employee of the Provincial Health Services Authority or one of its Agencies?	YES	NO
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If you answered “Yes” to either question #2 or #3, please provide details.

<p>I understand that PHSA will conduct background checks for business references, identity, criminal record, education and other qualifications after a primary candidate is identified and prior to an offer of employment by PHSA or its member agencies. You will be required to provide copies of your credentials in the event you are interviewed for this position. Please be assured that the personal information that you or any third party provide to PHSA or its member agencies for purposes of the background checks will be treated as confidential and used solely for the purpose for which it was collected and not disclosed except if authorized or required by law. Access to this information will be restricted and results will be safeguarded in accordance with all applicable legislation.</p>	YES	NO
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<p>I understand that I may be required to provide documentary evidence of any statements made in this application or during the interview process. I understand that any offer of employment shall be conditional upon successful reference and/or background checks, upon signing and accepting PHSA's or its member agencies standard terms and conditions of employment, and agreeing to abide by their policies and procedures. I understand that by completing this application, I will be added to PHSA and its member agencies candidate database, which is managed by a contracted third party.</p>	YES	NO
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<p>I hereby give permission for PHSA and/or its Agencies to contact any references or prior employers given in conjunction with this application, to secure information relevant to my application.</p>	YES	NO
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I hereby certify that the information I have provided to the PHSA or its member agencies in this application and throughout the interview process is correct, true and complete. I understand that the misrepresentation or omission of facts may result in refusal to hire or in termination of employment for just cause, regardless of when the misrepresentation or omission is discovered. I certify that the information is correct, true and complete.

YES

NO

Personal information will be used by authorized staff only to fulfill the purpose for which it was originally collected or for a use consistent with that purpose. We do not disclose your personal information to other public bodies, third parties or individuals except as required or authorized by law or with your consent. View our PHSA Privacy Policy for more information.

Signed

If you have any questions about the management of your personal information during the recruitment process, please contact the ESN recruitment team at ESN@phsa.ca.