

EMPLOYED STUDENT NURSE (ESN) APPLICATION FORM

Deadline for submission is November 30, 2021. Please email the application to esn@phsa.ca

APPLICANT INFORMATION

Last Name	Given Name
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Address

Email	Contact Number
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NURSING PROGRAM / COURSE INFORMATION

Nursing School

Date Program Started	Program Completion Date
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Graduation Date

Do you have your BCCNM employed student registration? (Required prior to commencing work)	YES	NO
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If yes, what is your license number?

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

Do you have your current CPR—Current Level ‘C’? Please state the expiry date.

Are all of your immunizations up to date?	YES	NO
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Additional relevant courses

During your ESN, will you be between your 3rd and 4th year?	YES	NO
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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 their Spring/Summer break from May to September 2022 as per a pre-determined rotation. Shifts will be days, nights and weekends.

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

Please provide the dates when you are available to work 2-3 shifts per week

Start Date End Date

Between the months of May to September, 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 when you are back in school? YES NO

If you will be available to continue working part-time as an ESN once your fall 2022 courses begin, please provide your availability. YES NO

Days per week

UNIT / WARD PREFERENCE

Please note to choose BC Cancer as your first preference, you must have completed 3rd year.

Choose one location from below:

BC Cancer Vancouver

BC Cancer Abbotsford

BC Cancer Surrey

BC Cancer Kelowna

BC Cancer Victoria

Centre for the North in Prince George

PROGRAM PREFERENCE

Please tell us why you have chosen BC Cancer as your first preference

FUTURE CAREER PLANS

What are your career goals in this chosen area of Adult Oncology?

RELEVANT WORK AND VOLUNTEER EXPERIENCE

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

1. ASSESSMENTS

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

- a. Oral
 - b. Topical
 - c. IV (Specify Pediatrics)
 - d. Inhalation / Nebulizer Medication
 - e. IM (Specify Ages)
 - f. Dose and Dilution Calculations
 - g. Other
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3. 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
 - g. Administered Blood Products
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4. GI

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

SKILLS ASSESSMENT (CONTINUED)

1 2 3 4

5. SKIN AND WOUND CARE

- a. Skin and Wound Assessments
 - b. Dressings
 - c. Other
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6. RESPIRATORY CARE

- a. Oxygen Therapy
 - b. Suctioning
 - c. Other
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7. BASIC CARE AND PATIENT MOBILIZATION

- a. Transfers
 - b. Ambulation
 - c. Bed Baths
 - d. Turning / Repositioning
 - e. Play Therapy
 - f. Other
-

8. INFECTION CONTROL

- a. Isolation Techniques
 - b. Other
-

9. PATIENT AND FAMILY TEACHING

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

Additional comments (if applicable)

CHECKLIST

Have you completed the form in full?

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

- Application Form
- Cover Letter
- Resume (please ensure your resume includes all of your clinical placements)
- Medical / Surgical Clinical Evaluation
- Unofficial Transcript
- References (must include two references—clinical instructor reference and personal / work reference)

*If an Oncology placement is your first choice, please provide your Medical/Surgical Instructor for your Oncology placement.

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.