

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

APPLICANT INFORMATION

Last Name

Given Name

Address

Email

Contact Number

NURSING PROGRAM / COURSE INFORMATION

Nursing School

Date Program Started

Program Completion Date

Graduation Date

Do you have your BCCNM employed student registration?

YES

NO

(Required prior to commencing work)

If yes, what is your license number?

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

Do you have the required CPR—Current Level 'C'? Please state the expiry date.

Are all of your immunizations up to date?

YES

NO

Additional relevant courses

During your ESN experience in 2022 you will be:

Between 2nd and 3rd year?

YES

NO

Between 3rd year and 4th year?

YES

NO

Completion date of your completed course curriculum to date and have work and/or volunteer experience with children and youth rotation*:

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

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)

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, if additional hours are available, when you are back in school? YES NO

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 – Child and Youth Mental Health. Please choose two units at BC Children's Hospital listed below (1, 2) with 1 being your first preference.

Eating Disorders Program

Child and Youth MH

PROGRAM PREFERENCE

Please tell us why you have chosen the BC Children's Hospital – Child & Youth Mental Health as your first preference.

FUTURE CAREER PLANS

What are your career goals in this chosen area of pediatric mental health?

RELEVANT WORK AND VOLUNTEER EXPERIENCE WITH CHILDREN AND YOUTH

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 (infant to youth)
 - b. Growth and Development
 - c. Pain Assessment
 - d. Safety and Environment Assessment
-

2. EMERGENCY CARE SITUATIONS

- a. 1:1 care
 - b. Chemical restraint
 - c. Mechanical restraint
-

3. MENTAL STATUS EXAM

- a. Risk Assessment
 - b. Suicidality
 - c. Aggression
 - d. Safety checks
 - e. Groups
-

4. INFECTION CONTROL

- a. Isolation Techniques
-

5. PATIENT AND FAMILY TEACHING

- a. Medication Teaching
- b. Other (e.g. EEG, ECG, CT, bloodwork prep)

Additional comments (if applicable)

CHECKLIST

Have you completed the form in full?

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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
- Reference (must include two references—clinical instructor reference and personal / work reference)
 - Please provide your Pediatric Clinical Instructor for your Pediatrics 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.