

Student Name:

Application Form for:



McGill

Dialogue McGill

HEALTH AND SOCIAL SERVICES COMMUNITY  
NETWORK BURSARY PROGRAM  
2022-2023 ACADEMIC YEAR

FORM 1: STUDENT APPLICATION

THE DEADLINE FOR STUDENTS TO SUBMIT THIS APPLICATION FORM TO COMMUNITY NETWORKS IS

May 16, 2022

BEFORE FILLING OUT THIS APPLICATION, PLEASE READ [THE STUDENT APPLICATION GUIDE](#)

**NOTE:** PLEASE DOWNLOAD THIS FORM, OPEN IT AND FILL IT OUT ON YOUR COMPUTER WITH ADOBE READER XI OR HIGHER. YOU CAN GET A FREE COPY OF ADOBE READER FROM THE [ADOBE WEBSITE](#). IT IS AVAILABLE FOR WINDOWS, MAC AND ANDROID DEVICES

APPLICATION FOR:

Bursary Type

SPONSORED BY:

Name of Community Network

FOR:

Student's name

PURSUING STUDIES AT:

Name of the Educational Institution

PROGRAM OF STUDY:

Name of Program

SUBMITTED ON:

Date This Form is Submitted

This initiative was made possible through a financial contribution from Health Canada, supported  
by Dialogue McGill at McGill University.

Ce document est disponible aussi en français : [www.mcgill.ca/dialoguemcgill/fr/forms](http://www.mcgill.ca/dialoguemcgill/fr/forms)

**BURSARY APPLICATION**

The student must complete and sign this form and return it to the sponsoring community network before the application deadline indicated on the cover page. Please see the directory of participating community networks in the [Student Application Guide](#).

### Section 1: Bursary Program Applicant

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

What was your assigned sex at birth? ☐ Male ☐ Female ☐ Prefer not to respond

Which gender do you identify with? ☐ Man ☐ Woman ☐ Prefer not to respond ☐ Other

### Section 2: Primary Residence in Quebec Region (Home Region)

Quebec region where you reside/are from: \_\_\_\_\_

How long have you resided in this region? From: \_\_\_\_\_ Until: \_\_\_\_\_  
yyyy/mm/dd yyyy/mm/dd

### Section 3: Contact Information

Address in home region: \_\_\_\_\_

Municipality: \_\_\_\_\_ Province: **Québec** Postal code : \_\_\_\_\_

Is this your primary place of residence during your studies? ☐ Yes ☐ No

**If no**, please provide your residential address during your studies:

Mailing address: \_\_\_\_\_

Municipality: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code : \_\_\_\_\_

Telephone 1 \_\_\_\_\_ Telephone 2: \_\_\_\_\_ E-mail address 1: \_\_\_\_\_

E-mail address 2: \_\_\_\_\_

What is the best way to contact you? ☐ Telephone 1 ☐ Telephone 2 ☐ E-mail 1 ☐ E-mail 2

### Section 4: Citizenship

Status of your citizenship: ☐ Canadian Citizen ☐ Permanent Resident

### Section 5: English and French Language Skills

#### Skill level

#### Elementary

No language skills or else major difficulty with basic communication (salutations, personal information, instructions, etc.).

#### Intermediate

Facility or little difficulty with basic communication, but problems with more complex communication (detailed explanations, opinions, etc.).

**Advanced**

Few problems communication in the language other than a few mistakes or requests to repeat what was said.

Using the above level descriptions, how would you rate your language proficiency in English and French:

	To understand	To speak	To read	To write
English	_____	_____	_____	_____
French	_____	_____	_____	_____

**Secondary School Certificate in Quebec?** ☐ Yes ☐ No

If yes, year obtained? \_\_\_\_\_

yyyy

## Section 6: Educational Institution Where you are or will be Studying During the 2022-2023 Academic Year

Name of educational institution: \_\_\_\_\_

Municipality: \_\_\_\_\_ Province: \_\_\_\_\_

Is the educational institution located in your home region? ☐ yes ☐ no

If not, please indicate which region the educational institution is located in:

## Section 7: Program of Study

Level of study: ☐ Vocational Training ☐ Cégep/College ☐ University

Program of study you are accepted into:

Please indicate the expected diploma/degree obtained through this program:

Vocational training center: ☐ Diploma of vocational studies

Cégep/college: ☐ Diploma of college studies (DCS)/Diplôme d'études collégiales (DEC)

University: ☐ Certificate/Certificate ☐ Bachelor's degree/Baccalauréat

☐ Master's degree/Maîtrise ☐ Doctorate degree/Doctorat

**If you are studying in a program outside Quebec, please answer the following questions:**

Do you need to be a member of a Quebec professional order to work in this field in Quebec?

☐ Yes ☐ No

If so, which professional order? \_\_\_\_\_

Is your program of study (outside Quebec) recognized by this professional order? ☐ Yes ☐ No

## Section 8: Program Timeline

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Date of entry into the program: \_\_\_\_\_

Expected date of completion of program: \_\_\_\_\_

What year are you in as of September 2022? ☐1 ☐2 ☐3 ☐4

## Section 9: Knowledge of Bursary Program

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How did you find out about the bursary program? ☐CISSS/CIUSSS ☐Community Center

☐Community Network ☐Educational institution ☐e-mail ☐Family ☐Friend ☐Internet

☐Dialogue McGill website ☐Newspaper ☐Social media ☐Television ☐Other

If other, please specify: \_\_\_\_\_

## Section 10 : Reason (s) for Requesting a Bursary

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**Why are you requesting a bursary? (maximum 200 words)**

## Section 11: Knowledge and Involvement in the English-speaking Community

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**Please describe your history of involvement in the English-speaking community:**

This can include activities such as working or volunteering for a local government agency, non-governmental organization (NGO), educational institution, hospital, clinic, care facility, daycare center, summer camp, community center, library, homeless shelter, etc. (Maximum 200 words)

**How long have you been involved in the above activities?** \_\_\_\_\_

**Please describe your knowledge of the English-speaking community where you live. (maximum 200 words)**

### Section 12: Reason(s) for Working in Your Community/Region

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**Why do you want to work in your community/region in the area of health or social services?**  
(maximum 200 words)

**As a health or social service professional in your region, how can you make a difference to the provision of health or social service to English-speaking persons?** (maximum 100 words)

### Section 13: Interest in Doing a Clinical Practicum in the Region

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**If clinical practica are a requirement of your program of study, on a scale of 1 to 5, with 5 being the most likely, how likely are you to accept one in your home region or catchment area of the sponsoring community network?** ☐1 ☐2 ☐3 ☐4 ☐5

**If a clinical practicum is available in your home region or catchment area of the sponsoring community network, on a scale of 1 to 5, with 5 being the most likely, how likely would you be to accept it?** ☐1 ☐2 ☐3 ☐4 ☐5

## Section 14: Checklist of Supporting Documents to Submit

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### **Mandatory for all applicants**

Please attach the following required documents to this application form:

- your most recent Curriculum Vitae
- letter of acceptance into program received from your educational institution
- your most recent academic transcript

Two community reference providers:

You must provide the names of two references that are submitted directly to the sponsoring community network. Click on Reference 1 and Reference 2 to obtain Community Reference forms.

Name of [reference 1](#)

Name of [reference 2](#)

## Section 15: Student Declaration

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I do hereby consent that the information contained in my Bursary Program application be transmitted to Dialogue McGill for the purpose of evaluating this application.

I declare that:

- The information that I have provided in this application is accurate and complete;
- The information in the supporting documents submitted is accurate and complete;
- I will advise the community network of any change in my contact information;
- I commit, if awarded a bursary, to completing my studies in a government recognized health or social services program that permits me to practice in my field in Quebec upon completion of studies;
- For every bursary I am awarded, I commit to working in my home region, or in the catchment area of the sponsoring community network, in a public health or social services institution for a minimum of one (1) year. I understand that hours equivalent to one year of full-time work will be required to uphold this commitment;
- I agree, if awarded a bursary, to conform to the Bursary Recipient Commitment and Payment Modalities listed in the Student Application Guide;
- If I drop out of the agreed upon program of study or if I default on my commitment in any other way, I agree to report in writing to the community network and to reimburse the sponsoring community network, any money I will have received in accordance with the contract signed between myself and the community network;
- If I default on my commitment by ceasing to work in my home region, or the catchment area of the sponsoring community network, before the fixed period has expired, I agree to reimburse the sponsoring community network, within three years following the date I graduated, the amount of the bursary prorated for the remaining period;

- If I default on my commitment by not working in my home region or the catchment area of the sponsoring community network, I agree to reimburse the sponsoring community network the bursary amount received, within three years of graduating from my program of study;
- If I am unable to find employment in my home region or in the catchment area of the sponsoring community network, but secure employment in another eligible Quebec region, I will be deemed to have fulfilled my commitment after one year of employment per bursary received in that other region. In this case, I must show proof of my unsuccessful job search in my home region;
- If awarded a bursary, I grant the community network, Dialogue McGill and health or social services institutions permission to disseminate for promotional purposes, my photographic image, curriculum vitae and information about the bursary awarded;
- If awarded a bursary, I agree to allow my contact information to be entered into a database of health and social services professionals able to provide healthcare services in English that can be distributed to health or social services institutions and posted on the Dialogue McGill recruitment website;
- If awarded a bursary, I grant the community network permission to provide the CISSS or the CIUSSS with my name and contact information for potential practicum placement and recruitment purposes;
- I agree, upon completion of studies, to participate in any formal follow-up monitoring or evaluation of the Program conducted by the community network or Dialogue McGill.

Name

Date (yyyy-mm-dd)

Signature *NOTE: Please print this form to PDF and then insert your e-signature, or print the form and sign by hand*

Dialogue McGill

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CanadaSanté  
Canada