

# SOUTHWEST REGIONAL AMBULANCE COMMITTEE

## BURSARY APPLICATION FORM

Emergency Medical Responder Training

<b>I. PERSONAL DATA</b>		
<b>Surname</b>	<b>First Name</b>	<b>Initial</b>
<b>Current Address</b> (Street or P.O. Box)	<b>City/Town/Province/Country</b>	<b>Postal Code</b>
<b>Current Email Address</b>	<b>Current Telephone Numbers</b> Home: Other(s):	
<b>EMS Location Preference:</b> <input type="checkbox"/> EASTEND <input type="checkbox"/> SHAUNAVON		
<b>II. ELIGIBILITY CRITERIA</b>		
<ul style="list-style-type: none"><li>• Applicants must meet all requisite standards and pre-employment hiring criteria of the Saskatchewan Ambulance Service for which they are applying.</li><li>• Applicants must provide a satisfactory Criminal Record Check including vulnerable sector search (dated within 6 months)</li></ul>		
<b>III. RETURN IN SERVICE COMMITMENT</b>		
To receive a Bursary, applicants are required to sign a formal return in service agreement to work for the Saskatchewan Ambulance Service in Eastend or Shaunavon. The return for service is one (1) year full time hours (or 1948.8 hours for other than full time.)		
<b>IV. SUBMISSION AND DECLARATION</b>		
Please enclose the following with your completed application form: <input type="checkbox"/> A copy of your criminal record check including vulnerable sector search (must be dated within 6 months of application).		
<b>IMPORTANT: Incomplete applications will <u>not</u> be considered.</b>		
I hereby certify that all statements made in this application are true and complete in respect.		
_____ Signature of applicant		
_____		

Date

**Fax or Email completed application to:**

Town of Shaunavon  
[shaunavon6@sasktel.net](mailto:shaunavon6@sasktel.net)

Town of Eastend  
[eastend.rm49.rosa@sasktel.net](mailto:eastend.rm49.rosa@sasktel.net)

***All applications are subject to an approval process.***

***IMPORTANT: bursary payments are subject to taxation, Canada Revenue Agency rules apply.***