

# Nurses Recruitment & Retention Fund (NRRF)

## PERSONAL CARE HOME (PCH) GRANT

In response to the proposed enhancements to the hours of direct care for residents in personal care homes, NRRF has established a grant to assist in addressing the workforce requirements to recruit nurses to work in personal care homes for a return of service commitment. This is being offered in the form of a Personal Care Home Grant.

### FAQ

#### Who can apply for the PCH Grant and what are the requirements?

- Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Registered Psychiatric Nurses (RPNs) with an active practice license. Graduate nurses are eligible and must provide approval from the respective regulatory college to practice as a graduate nurse.
- Financial assistance of \$4,000.00 for a return of service commitment to work in a personal care home in Manitoba.
- Nurses must be newly hired within six months of applying, and must have not been employed in any personal care home in the last six months.
- Confirmed employment as a direct caregiver by an approved employer in a permanent or term position for a duration of at least 12 months and 0.6 EFT or more.  
**Casual/indefinite positions do not qualify for the grant.**
- Approved employers are personal care homes that are licensed by the province of Manitoba. **Private for-profit agencies are not eligible.**
- Acceptance of and compliance with the conditions of a return of service commitment of 12 months.
- The PCH Grant can be received in conjunction with other financial assistance from the Fund, such as the Conditional and Relocation Grants. However, the return of service for any combination will be consecutive.

#### How long does the application process take?

- The application process takes 4 to 6 weeks.

#### Who can sign my Employer Certification and Agreement (Section G) of the application form?

- Human Resources
- Department manager or nursing supervisor (nurses cannot sign on behalf of themselves)

#### How do I submit my application to your office?

- Applications are emailed to the NRRF Facilitator at [nrrf@sharedhealthmb.ca](mailto:nrrf@sharedhealthmb.ca)

#### What if I move while I am completing my service agreement with NRRF?

- Should your contact information change, please email [nrrf@sharedhealthmb.ca](mailto:nrrf@sharedhealthmb.ca).

#### What if I change employers or move to a new position within the same facility/region?

- As per 6.2.6 of the [Personal Care Home Grant Policy](#): “Applicants who change employers within the 12 month return of service commitment but maintain eligibility for the Personal Care Home grant must submit a revised return of service commitment signed by the new employer. The employee must fulfill the remainder of their contract with the new employer.”

### IMPORTANT

The application must be completed electronically and will require an electronic signature.

If you are unable to attach an electronic signature, please follow these steps:

1. Complete application electronically
2. Print application and sign Section F
3. Scan all pages of the application and save as a PDF
4. Give application to your employer to complete Section G
5. Email completed document to NRRF

**NURSES RECRUITMENT AND RETENTION FUND (NRRF)**  
**Application for**  
**PERSONAL CARE HOME GRANT**

Shared Health  
 1502-155 Carlton Street  
 Winnipeg, MB R3C 3H8

**SECTION A – PERSONAL INFORMATION**

Surname:	First Name:	Middle Name:
Personal Email Address:	Work Email Address:	Date of Birth:
Current Mailing Address in Manitoba:		
P.O. Box (if applicable):	City/Town:	Postal Code:
Previous Address in Manitoba (if applicable):		
P.O. Box (if applicable):	City/Town (if applicable):	Postal Code (if applicable):
<b>Contact Numbers</b>		
Home:	Work:	Mobile:

**SECTION B – OTHER NRRF GRANTS**

Have you applied for other grants with NRRF?	No	Yes
If yes, which grant(s):	Date grant received/applied for:	

**SECTION C – NURSING CATEGORY & LICENSE NUMBER**

**Nursing Category: (Check applicable box)**

<input type="checkbox"/> Licensed Practical Nurse (LPN)	<input type="checkbox"/> Grad Nurse
<input type="checkbox"/> Registered Nurse (RN)	<input type="checkbox"/> Grad Nurse
<input type="checkbox"/> Registered Psychiatric Nurse (RPN)	<input type="checkbox"/> Grad Nurse

License/Registration # \_\_\_\_\_

Date of Expected Full License: \_\_\_\_\_ Date of Grad License: \_\_\_\_\_

**NURSES RECRUITMENT AND RETENTION FUND (NRRF)**  
**Application for**  
**PERSONAL CARE HOME GRANT**

Shared Health  
 1502-155 Carlton Street  
 Winnipeg, MB R3C 3H8

**SECTION D – NURSING EDUCATION**

Which educational institute did you attend in Manitoba to obtain your initial nursing education?

What is your date of Graduation?

How did you hear about NRRF (Please check all that apply)?

Job Fair	Employer	Advertising or Publication
Internet	School	Other (Please specify) _____

**SECTION E - EMPLOYMENT IN MANITOBA**

Name of Employer/Organization:

Employer's Address:

Employee's Position:	Department:
----------------------	-------------

In the last six months, were you employed in nursing? If so, please indicate below your former employer

Former Employer/Organization:

Area of Nursing:	Start Date:	End Date:
------------------	-------------	-----------

**SECTION F - EMPLOYEE DECLARATION & AGREEMENT**

**I DECLARE THAT:**

- I am not currently in default with any other NRRF program or incentive.
- I have given complete and true information on this form and I understand that failure to do so may prevent my qualifying for assistance in the future.
- I understand that should I change positions or employers while fulfilling my service agreement, I must complete a revised service agreement and complete the time remaining in my service agreement with NRRF.
- I have read and understand the **PCH Grant Policy**. Please initial here \_\_\_\_\_.
- I have been employed continuously in the nursing profession in Manitoba since \_\_\_\_\_ and I intend to continue my employment as a nurse in Manitoba for not less than 12 months from that date at 0.6 EFT or higher.

**NURSES RECRUITMENT AND RETENTION FUND (NRRF)**  
**Application for**  
**PERSONAL CARE HOME GRANT**

Shared Health  
1502-155 Carlton Street  
Winnipeg, MB R3C 3H8

**I AGREE THAT** if I am not employed in an approved Personal Care Home in Manitoba as a nurse for the full 12 months at 0.6 EFT or higher:

1. I will notify NRRF in writing of the last day of my employment immediately upon tendering my resignation or termination.
2. I will repay all of my financial assistance (pro-rated) to NRRF.

**I UNDERSTAND THAT MY EMPLOYMENT MUST BE FOR A CONTINUOUS TERM OF 12 MONTHS. MANITOBA MAY EXTEND THE TIME TO COMPLETE THE TERM OF 12 MONTHS OR GRANT TEMPORARY ABSENCES FOR PREGNANCY OR HEALTH RELATED MATTERS. EACH REQUEST WILL BE EXAMINED ON ITS OWN MERITS BY THE NURSES RECRUITMENT AND RETENTION FUND FOR A FINAL DECISION. SHOULD CONTACT AND JOB INFORMATION CHANGE, I WILL NOTIFY THE FUND IMMEDIATELY.**

Applicant's  
Signature \_\_\_\_\_

Date Signed: \_\_\_\_\_

**SECTION G – EMPLOYER CERTIFICATION & AGREEMENT**

**WE CERTIFY THAT:**

1. (Name of Nurse) \_\_\_\_\_ has been employed as a  
(Type of Nurse \_\_\_\_\_ since (Date) \_\_\_\_\_ at a \_\_\_\_\_  
EFT position by our organization.
2. We intend to employ this person for a period **no less than 12 months in a 0.6 EFT** or higher permanent or term position for which other qualified candidates were not available.
3. This individual was recruited from \_\_\_\_\_  
(Educational Institution, City/Town, Employer in MB)

**WE AGREE THAT IF THIS PERSON LEAVES THIS ORGANIZATION BEFORE COMPLETING A FULL YEAR OF EMPLOYMENT AT 0.6 EFT OR HIGHER, WE WILL PROVIDE WRITTEN NOTICE\*\* TO THE NRRF FACILITATOR IMMEDIATELY UPON DETERMINING THAT THE INDIVIDUAL'S EMPLOYMENT WILL BE TERMINATED.**

Employers'  
Signature \_\_\_\_\_

Date Signed: \_\_\_\_\_

Employers' Name \_\_\_\_\_

Employers'  
Address \_\_\_\_\_

Employers'  
Position: \_\_\_\_\_

Facility: \_\_\_\_\_

Phone # \_\_\_\_\_

RHA: \_\_\_\_\_

Email  
Address: \_\_\_\_\_

**NURSES RECRUITMENT AND RETENTION FUND (NRRF)**  
**Application for**  
**PERSONAL CARE HOME GRANT**

Shared Health  
1502-155 Carlton Street  
Winnipeg, MB R3C 3H8

**CHECKLIST:** Ensure your application is complete and the required documents are attached before submission.

Section A

Section B

Section C

Section D

Section E

Section F

Section G

Copy of Official Letter of Employment

Copy of Nursing College Registration Number

**SUBMIT YOUR COMPLETED APPLICATION TO:** [nrrf@sharedhealthmb.ca](mailto:nrrf@sharedhealthmb.ca)

**\*\*Note to Employer:** Please notify NRRF if an applicant does not complete their NRRF Service Agreement by completing the Employer Verification of Incomplete Service Agreement Form.