

Nurses Recruitment & Retention Fund (NRRF)

REFER A NURSE INCENTIVE

The Refer a Nurse program was developed to provide the payment of an incentive to employees who refer a Licensed Practical Nurse (LPN), Registered Nurse (RN), Registered Psychiatric Nurse (RPN), or Nurse Practitioner (NP), that is newly hired by an eligible employer.

FAQ

Who can apply for the Refer a Nurse Grant and what are the requirements?

- The referring employee (Referee) must be employed in one of the employer organizations (see Appendix A.)
- The referred nurse (LPN, RN, RPN, NP) must be newly hired within six months of applying and must not have been employed by any of the employers listed in Appendix D of the collective agreement in the previous six months.
- Where the referred nurse has been hired into an EFT position, the referee will receive compensation as follows:
 - \$500 once the referred nurse has commenced work in an EFT position; and
 - \$500 once the referred nurse has completed twelve months of employment.
- Where the referred nurse has been hired into a casual position, the referee will receive compensation as follows:
 - \$500 once the referred nurse has commenced work; and
 - \$500 once the referred nurse has completed twelve months of consecutive employment from the start date of employment and completed a minimum of 500 worked hours.

This incentive does not apply where:

- A nurse is already employed with an employer listed in Appendix D of the collective agreement.
- A nurse who mobilizes under Article 30A of the collective agreement.
- A nurse who was employed by an employer listed in Appendix D of the collective agreement and is rehired within six months of retirement and retains the 20-year salary step in accordance with Article 3504.
- A nurse who moves from one employer listed in Appendix D of the collective agreement to another employer listed in Appendix D of the collective agreement within 6 months of leaving the position with the original employer.
- New graduates.
- Self-referrals.

What if the referred nurse changes positions?

- The referee will receive payment once the referred nurse has completed one year of service provided that there is no break in service between positions and the positions are with an employer listed in Appendix D of the collective agreement.

How are leaves of absence treated?

- Extended leaves of absence greater than four weeks for medical, maternity, parental, education, professional, union, compassionate or leave for public office are not considered a break in service, but the completion of one year of service will be extended by the length of such leave.
- For those in casual positions, the referred nurse must complete twelve consecutive months of service and must complete a minimum of 500 worked hours.

How do I submit my application to your office?

- Applications are emailed to the NRRF Facilitator at nrrf@sharedhealthmb.ca

How long does the application process take?

- The application process takes 4 to 6 weeks.

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

- Human Resources
- Department manager or nursing supervisor

What if I move while I am completing my service agreement?

- Should your contact information change, please email nrrf@sharedhealthmb.ca.

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 D
3. Scan all pages of the application and save as a PDF
4. Give application to your employer to complete Section E
5. Email completed application to NRRF

NURSES RECRUITMENT AND RETENTION FUND (NRRF)
Application for
REFER A NURSE INCENTIVE

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

SECTION A – APPLICANT (REFEREE) 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): |
| Contact Numbers | | |
| Home: | Work: | Mobile: |

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

| | | |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Employer | <input type="checkbox"/> Advertising or Publication |
| <input type="checkbox"/> Internet | <input type="checkbox"/> School | <input type="checkbox"/> Other (Please specify) _____ |

SECTION B – APPLICANT (REFEREE'S) EMPLOYMENT INFORMATION

| | | |
|--------------------------------|------------------|----------------------------------|
| Name of Employer/Organization: | | |
| Employer's Address: | | |
| Referee's Position: | Site/Department: | Referee's Employee #: (if known) |

SECTION C – REFERRED NURSE INFORMATION

| | |
|---|--------------------------------------|
| Name of Referred Nurse: | Referred Nurse's Employee #: |
| Name of Referred Nurse's Employer/Organization: | Site/Department: |
| Referred Nurse's Employer's Address: | |
| Referred Nurse's Position (e.g. RN2): | Referred Nurse's Phone #: (if known) |

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SECTION D – APPLICANT’S (REFEREE) DECLARATION AND AGREEMENT

I DECLARE THAT:

1. I am employed in one of the employer organizations listed in Appendix A.
2. I have given complete and true information on this form and I understand that failure to do so may prevent my qualifying for incentives and/or assistance in the future.

Applicant’s
Signature _____

Date Signed: _____

SECTION E – EMPLOYER OF REFERRED NURSE CERTIFICATION AND AGREEMENT

WE CERTIFY THAT:

1. (Name of Referred Nurse) _____ has been employed as a (Type of Nurse) _____ since (Date) _____ at a _____ EFT position by our organization.
2. We intend to employ the Referred Nurse for a period no less than 12 consecutive months in a permanent, term or casual position. We understand casual nurses must complete a minimum of 500 worked hours during the 12 consecutive months.
3. The Referred Nurse is newly hired as an LPN, RN, RPN, or NP and has not been employed with another employer listed in Appendix D of the collective agreement in the previous six months.
4. The Referred Nurse has an active license to practice in the province of Manitoba at the time of hire.
5. The Referred Nurse is not a new graduate.
6. The Referred Nurse was previously employed by:

(Name of Previous Employer)

Employers’
Signature _____

Date Signed: _____

Employers’ Name _____

Employers’
Address _____

Employers’
Position: _____

Facility: _____

Phone # _____

RHA: _____

Email
Address: _____

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

Section A

Section B

Section C

Section D

Section E

Copy of Official Letter of Employment

Copy of Nursing College Registration Number

SUBMIT YOUR COMPLETED APPLICATION TO: 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.