

Nurses Recruitment & Retention Fund (NRRF)

BILINGUAL/FRENCH NURSING GRANT

To recruit nurses to work in a recognized bilingual/francophone facility or program, NRRF supports the allocation of funding to eligible Licensed Practical Nurses (LPNs), Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs), and Nurse Practitioners (NPs) for a return of service commitment.

FAQ

Who can apply for the Bilingual/French Nursing Grant and what are the requirements?

- Nurses (LPNs, RNs, RPNs, NPs) with an active practice license. Graduate nurses are eligible and must provide approval from the respective regulatory college to practice as a graduate nurse.
- Nurses must be newly hired into a position where bilingualism/French language is a requirement, and must not have been employed in any such position in the last six months prior to the grant application.
- 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 recognized bilingual facilities or programs in 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 Bilingual/French Nursing Grant can be received in conjunction with other financial assistance from the Fund, such as the Conditional, PCH, 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

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

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

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

- As per 7.1.6 of the [Bilingual/French Grant Policy](#): "Applicants who change employers within the 12 month return of service commitment but maintain eligibility for the Bilingual/French 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 application to NRRF

NURSES RECRUITMENT AND RETENTION FUND (NRRF)
Application for
BILINGUAL/FRENCH NURSING 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):
Contact Numbers		
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)

Licensed Practical Nurse (LPN)	Grad Nurse
Registered Nurse (RN)	Grad Nurse
Registered Psychiatric Nurse (RPN)	Grad Nurse
Nurse Practitioner (NP)	

License/Registration # _____

Date of Expected Full License: _____

Date of Grad License: _____

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:

Were you previously employed in a nursing position that required Bilingualism/French language? If so, please indicate below the former employer, area of nursing.

Previous Employer/Organization where Bilingualism/French language was required:

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 am newly hired into a position where Bilingualism/French language is a requirement and was not employed in the last 6 months prior to my application.
- 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 **Bilingual/French Grant Policy**. Please initial here _____.

- I have been employed continuously in the nursing profession in Manitoba since _____ and I intend to continue my employment in an approved Bilingual/French language requirement position as a nurse in Manitoba for not less than 12 months from that date at 0.6 EFT or higher.

I AGREE THAT if I am not employed in an approved Bilingual/French requirement nursing position in Manitoba as a nurse for the full 12 months at 0.6 EFT or higher:

- I will notify NRRF in writing of the last day of my employment immediately upon tendering my resignation or termination.
- 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:

- (Name of Nurse) _____ has been employed as a
(Type of Nurse) _____ since (Date) _____ at a _____
EFT position by our organization.
- 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.
- We verify that the position of the applicant has a Bilingual/French Language requirement.
- This individual was recruited from _____
(Educational Institution, City/Town, Employer in MB)

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WE AGREE THAT IF THIS PERSON LEAVES THIS ORGANIZATION BEFORE COMPLETING A FULL YEAR OF EMPLOYMENT AT 0.6 FTE 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:	_____

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

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.