

## Nurses Recruitment and Retention Fund

### Conditional Grant for Manitoba's Nursing Graduates

*This program was established to encourage new graduates to relocate to rural communities in Manitoba, subsequently reducing the number of rural nursing vacancies.*

#### FAQ

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

- Be a recent graduate from an approved program and within six months of initial registration as a Registered Nurse, Registered Psychiatric Nurse, Licensed Practical Nurse, or Registered Nurse Extended Practice (RNEP). *IEN Bridging Program students do not qualify for Conditional Grants as their initial training is not in Manitoba.*
- Be willing to relocate to a site in **rural** or **northern Manitoba** (employers must be outside of Winnipeg or Brandon).
- Confirmed nursing position as a direct caregiver or first level nursing manager with an approved employer in Manitoba. *Private/ profit agencies are not eligible.*
- Have written confirmation of employment in a permanent or term nursing position of 0.6 equivalent full time (EFT) or higher. *CASUAL or INDEFINITE positions do not qualify for the grant.*
- Be willing to return service for a period of twelve months.
- **Submit application forms and all documentation to the Nurses Recruitment and Retention Fund, within 6 months of initial registration** with your nursing college as an RN, RPN, LPN, or RNEP/NP.
  - *This can be as a grad nurse or as full licensure, depending on when you are able to secure applicable employment.*

##### Who can sign my Employer Certification and Agreement (Section F)?

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

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

- The application process takes 2 to 4 weeks.

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

- Applications are emailed to the NRRF facilitator. See application.

##### 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 am not happy with my current employment situation and decide to change employers, or move to a new position within the same facility/region?

- As stated in the Conditional Grant policy:

7.9 Applicants who change employers within their one year term of service but maintain their eligibility for the Conditional 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.

For more details, please review the [Conditional Grant policy](#).

#### ✓ LIST

*\*Please ensure all required documents are included with your application. **Incomplete applications will not be considered and will only further delay any processing.***

- Section A
- Section B
- Section C
- Section D
- Section E
- Section F
- Copy of College Registration Number (CRNM, CLPNM, or CRPNM letter of registration or card)
- Copy of official letter of employment

**Application for  
CONDITIONAL GRANT**



Please submit all applications or questions to NRRF.

ATTN: FACILITATOR  
NURSES RECRUITMENT AND RETENTION FUND (NRRF)  
1502-155 CARLTON STREET  
WINNIPEG MB R3C 3H8  
NRRF@sharedhealthmb.ca

**SECTION A**

Surname:		First Name:	
<b>Mailing Address in Manitoba:</b> Apt. Suite # (if applicable) – Street #		Middle Name (if applicable):	
P.O. Box (if applicable)		Email:	
City/Town:	Postal Code:		
- Contact numbers -			
Home: ( 204 ) -	Work: ( 204 ) -	Cell: ( 204 ) -	
<input type="checkbox"/> <b>✓ This box if permanent address is the same as mailing address. If not, please fill shaded area below:</b>			
Apt. Suite # (if applicable) – Street #		P.O. Box (if applicable):	
City/Town:	Province:	Postal Code:	

**SECTION B**

**\*PLEASE REMEMBER TO ATTACH A PHOTOCOPY OF YOUR MANITOBA REGISTRATION/LICENSE and LETTER OF EMPLOYMENT**

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

- Registered Nurse (RN) → Grad Nurse?
- Registered Nurses - Extended Practice or Nurse Practitioner [RNEP/ NP]
- Registered Psychiatric Nurse (RPN) → Grad Nurse?
- Licensed Practical Nurse (LPN) → Grad Nurse?

**Photocopy of registration/license attached** (✓ applicable box)

Yes  No. If No, please explain:

**LICENSE #:**

**If GRAD NURSE, expected date of full-licensure:**

*Have you applied previously for other grants with NRRF?  
If so, please indicate which grant and when:*

GRANT:

DATE RECEIVED/APPLIED FOR:

**Application for  
CONDITIONAL GRANT**



**SECTION C**

How did you hear about the Nurses Recruitment and Retention Fund? (Please ✓ and fill where applicable)

<input type="checkbox"/> Job Fair:	<input type="checkbox"/> Employer or School:	<input type="checkbox"/> Other:
<input type="checkbox"/> Internet:	<input type="checkbox"/> Advertising or Publication:	

Which educational institute did you attend in Manitoba to obtain your initial nursing education?	
What is your date of graduation?	( d d - m m m - y y )
What is the date of your initial registration with CRNM/CLPNM/CRPNM?	<i>Grad licensure</i>
	<i>Expected or Full licensure</i>
	( d d - m m m - y y )

**SECTION D – EMPLOYMENT IN MANITOBA**

Name of Employer or Organization:		Employers' Address: <small>P.O. Box (if applicable) – Street Address, Town</small>	
Your position: (ex. Acute care)	Department or area:	Phone #:	(optional) Employers' Email:

**SECTION E - EMPLOYEE DECLARATION AND 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 if I should receive a grant, it is awarded to me on the condition that it will be used for the purposes for which it was intended.
- 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.

1. I have read and understand the **Conditional Grant Policy**. Please initial here:
2. I have been employed continuously in the nursing profession in Manitoba since (DATE) \_\_\_\_\_ 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.**

I agree that *if I am not employed in Manitoba as a nurse for the full 12 months at 0.6 EFT or higher:*

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

**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 MY CONTACT AND JOB INFORMATION CHANGE, I WILL NOTIFY THE FUND IMMEDIATELY.**

\_\_\_\_\_  
DATE SIGNED

**X**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**Application for  
CONDITIONAL GRANT**



**SECTION F - EMPLOYER CERTIFICATION AND 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 \_\_\_\_\_.  
(EX. 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 NURSES RECRUITMENT AND RETENTION FUND FACILITATOR IMMEDIATELY UPON DETERMINING THAT THE INDIVIDUAL'S EMPLOYMENT WILL BE TERMINATED.**

EMPLOYERS' SIGNATURE AND PRINTED NAME:	<b>X</b> _____	DATE SIGNED:	_____
	_____	EMPLOYERS' ADDRESS:	_____
EMPLOYERS' POSITION:	_____		_____
FACILITY:	_____	PHONE #:	_____
RHA:	_____	EMAIL ADDRESS:	_____

**\*\* Note to Employer:** If the applicant does not complete their ROS commitment with your facility, please notify the NRRF Facilitator by completing the [Employer Verification of Incomplete Service Agreement form](#).