

Nurses Recruitment and Retention Fund 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 (PCH) Grant.

FAQ

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

- Nurses (RNs, RPNs, or LPNs) 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 within 6 months of applying, and must have not been employed in any personal care in the last 6 months
- Confirmed employment as a direct caregiver by an approved employer in a permanent or term positions for a duration of at least one year 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 Personal Care Home Grant can be received in conjunction with other financial assistance from the Fund, such as Conditional Grants and Relocation Assistance. *However, the return-of-service for any combination will be consecutive.*

Who can sign my employer certification and agreement (Section F)?

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

How long does the application process take?

- The application process takes from 2-4 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

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 PCH Grant policy: 7.9 *Applicants who change employers within their one year term of service but maintain their eligibility for the PCH 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 [PCH 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
PERSONAL CARE HOME (PCH) 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:
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Mailing Address in Manitoba: Apt. Suite # (if applicable) – Street #	Middle Name (if applicable):
P.O. Box (if applicable)	Email:
City/Town:	Postal Code:

- Contact numbers -

Home:	Work:	Cell:
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✓ This box if permanent address is the same as mailing address. If not, please fill shaded area below:

Apt. Suite # (if applicable) – Street #	P.O. Box (if applicable):
City/Town:	Postal Code:

SECTION B

***PLEASE REMEMBER TO ATTACH A PHOTOCOPY OF YOUR MANITOBA REGISTRATION/LICENSE and LETTER OF EMPLOYMENT For each grant (if applying for other grants).**

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 registration/licensure:

Have you applied previously for other grants with NRRF?

If so, please indicate which grant and when:

GRANT:

DATE RECEIVED/APPLIED FOR:

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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:	<input type="checkbox"/> Other:
<input type="checkbox"/> Internet:	<input type="checkbox"/> Advertising or Publication:	
What educational institute did you attend?		
What is your date of graduation?		(dd - m m m - y y) o r (m m m - y y)
What is the date of your initial registration with CRNM/CLPNM/CRPNM?		(dd - m m m - y y) o r (m m m - y y)
In the last six months were you employed in nursing . If so, please indicate below the former employer, area of nursing, the date you started/terminated, and length of employment in months.		
EMPLOYERS' NAME/FACILITY/REGION:	START DATE:	END DATE:
AREA OF NURSING: (ex. Acute Care)	# OF MONTHS WORKED:	

SECTION D – EMPLOYMENT IN MANITOBA

Name of Employer or Organization:		Employers' Address: P.O. Box (if applicable) – Street Address, Town	
Your position: (ex. RN II)	Department:	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 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 **PCH 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 in an approved personal care home 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 personal care home 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

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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** at 0.6 or higher, in a permanent or term position for which other qualified candidates were not available.

3. This individual was recruited from _____
(EX. INSTITUTION, EMPLOYER, CAREER FAIR)

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 IMMEDIATELY UPON DETERMINING THAT THE INDIVIDUAL'S EMPLOYMENT WILL BE TERMINATED.**

EMPLOYERS' SIGNATURE AND PRINTED NAME: **X** _____

DATE SIGNED: _____

EMPLOYERS' POSITION: _____

EMPLOYERS' ADDRESS: _____

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](#).