Nurses Recruitment & Retention Fund (NRRF)

Rural Northern New Nurse Graduate Placement for Manitoba 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 Rural Northern New Graduate Placement Grant and what are the requirements?

- Be a recent graduate from an approved program in Manitoba and within six months of initial registration as a Licensed Practical Nurse (LPN), Registered Nurse (RN), Registered Psychiatric Nurse (RPN), Nurse Practitioner (NP) & Front Line Nurse Manager. ***IEN Bridging Program students do not qualify for the Rural/Northern New Nurse Graduate Grant as their initial training is not in Manitoba.***
- Be willing to work to **rural** or **northern Manitoba** (employers must be outside of Winnipeg or Brandon).
    - Financial assistance of $4,000.00 for RNs, RPNs, and LPNs for a return of service working in rural or northern Manitoba; OR
    - Financial assistance of $8.000.00 for RNs, RPNs, and LPNs for a return of service to work in a personal care home in rural or northern Manitoba.
- 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 TERM*** *positions do not qualify for the Grant.*
- Be willing to return service for a period of twelve months.
- Submit completed application form and all required documents to NRRF within six months of initial registration with your nursing college as an LPN, RN, RPN, or NP.
    - This can be as a grad nurse or as full licensure, depending on when you are able to secure applicable employment.

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 6.2.8 of the Rural/Northern New Nurse Graduate Grant Policy: "Applicants who change employers within their one-year term of service, but maintain their eligibility for the Rural/Northern New Nurse Graduate 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
RURAL NORTHERN NEW NURSE GRADUATE

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(s) 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: _____

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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:

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 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.
- I have read and understand the **Rural/Northern New 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.

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 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.

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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.

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
RURAL NORTHERN NEW NURSE GRADUATE

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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
- ☐ Section F
- ☐ Section G
- ☐ Copy of Official Letter of Employment
- ☐ Copy of Nursing College Registration

SUBMIT YOUR COMPLETED APPLICATON 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.