



Non-Southern Health-
Santé Sud Nurses
Regional Continuing Education Nurses
Recruitment and Retention Fund
(NRRF) Committee
April 1, 2020 – March 31, 2021

Office use
NRRF #

\$

Name of Applicant (print full name): _____ Status RN RPN RN (EP) LPN

E-mail address and Contact Telephone Number _____

Facility Name _____

City/Town _____

Applicants Full Personal Mailing Address **Please attach a direct deposit form**

Multiple courses allowed, however one time submission access only (up to \$750.00). Submit your application **ONLY** upon successful completion with your proof of attendance attached. Pre-Approvals will not be considered. All forms/receipts need to be received or your submission cannot be processed.
Final submission deadline for 2020-2021: March 31, 2021

FUNDING REQUEST DETAILS AND DOCUMENTATION REQUIRED

- For the Committee to consider your application, you must successfully complete the course/workshop between **April 1, 2020 and March 31, 2021. Funding is limited, "first come first served" basis.**
- **Please include each course description and ALL required attachments, ensure every applicable box is checked.**

1	Title of Event : _____ Date / Location of Event : _____ <input type="checkbox"/> I have attached Certificate of Completion/Passing/Attendance Confirmation (for all courses)	Title of Event : _____ Date / Location of Event : _____ <input type="checkbox"/> I have attached Certificate of Completion/Passing/Attendance Confirmation (for all courses)
2	Are you requesting compensation for Registration Fee/Tuition/Course Material/Presenter Fee? Yes ___ or No ___ Total dollar amount: \$ _____ (for all courses) <input type="checkbox"/> I have attached receipts	
3	Are you requesting compensation for travel to course from work site/home, whichever is shorter? Yes ___ or No ___ Total distance travelled (return): _____ km = Total dollar amount \$ _____ (for all courses)	
4	Are you requesting compensation for Accommodation (meals and incidentals are not applicable)? Yes ___ or No ___ Total Cost \$ _____ (for all courses) <input type="checkbox"/> I have attached receipts	
5	Are you requesting compensation for parking? Yes ___ or No ___ Parking Fee \$ _____ (for all courses) <input type="checkbox"/> I have attached receipts	

- Please attach a **direct deposit form** so that payment can be made. For questions please contact Michelle Davis 204-388-2032.
- Forward completed forms and receipts to: EMAIL rr@southernhealth.ca. **You do not need to send hard copy.**
- **Please attach all documentation outlined above. INCOMPLETE REQUESTS WILL BE RETURNED/NOT CONSIDERED**
- Please note that final approved request (re-imbursement) may take up to six months from committee meeting date, **funding is limited** and is on a **'first come first served'** basis.

Recommendation of NRRF Education Committee: Approved Denied Deferred

Signature of NRRF Education Committee Co-Chair(s) _____ Date: _____

STEP BY STEP:

1. APPLICATION FORM

Follow Steps #1 - #5 as listed on the form. Please only submit complete applications with all required documentation.

Make sure your event name and date is included.

- You must include a copy of your Certificate of Completion or Attendance Confirmation.
- Please include a **direct deposit form** so that payment can be made directly to your account.

2. RECEIPTS

Submit all receipts for direct expenses you are wanting funding for. The Nurses Recruitment and Retention Funding will not pay without receipts. Please ensure all receipts are legible.

If you need help, please contact the Southern Health-Santé Sud Regional Continuing Education Nurses Recruitment and Retention Fund Committee c/o Michelle Davis T. 204-388-2032 or submit your questions to rr@southernhealth.ca