
APPLICANT INFORMATION

Date (MM/DD/YY)	<input type="text"/>		
Last Name	<input type="text"/>	Given Name	<input type="text"/>
Permanent address	<input type="text"/>		
	<input type="text"/>		
Email	<input type="text"/>	Contact Number	<input type="text"/>

PHSA is actively working to address current and past inequities and barriers within our programs and services by prioritizing Indigenous Employed Student Nurse (ESN) applicants. We invite applicants of First Nations, Inuk/Inuit, or Métis ancestry to voluntarily self-identify.

Do you identify as First Nations, Inuk/Inuit or Métis? ☐ YES ☐ NO

If you have selected yes for the above question, and you would like to share which nation or community you belong to, please do so in the text box provided.

If you do self-identify as First Nations, Inuk/Inuit or Métis, please share how your lived experience as an Indigenous person will inform your work as a nurse or your interactions with patients?

To increase cultural safety, efforts to include Indigenous representation for ESNs during meet and greet panels will be made for those who self-identify.

For questions, please contact the Sanya'k ula team at indigenous.employment@phsa.ca.

NURSING PROGRAM / BCCNM REGISTRATION INFORMATION

Nursing School

What term/year are you currently in?

Date Program Started (MM/DD/YY) Program Completion Date (MM/DD/YY)

Do you have your BCCNM employed student registration? ☐ YES ☐ NO
(Required prior to commencing work)

If yes, what is your license number? Please include all digits including the zeros.
You will only have a license number if you have been an ESN in the past. If not, please select no.

Do you have your current certification in CPR? ☐ YES ☐ NO
Please state the expiry date (MM/DD/YY).

Are all of your immunizations up to date? ☐ YES ☐ NO

What year/term would you be going into your ESN placement?

ESN EMPLOYMENT APPLICATION INFORMATION

Are you currently employed as an ESN in another Health Authority?* ☐ YES ☐ NO
(*Please note that you may only work as an ESN in one Health Authority at one time)

Please provide the expected completion date of your Adult Medical/Surgical Rotation (MM/DD/YY)

APPLICANT AVAILABILITY

To support ESN orientation planning, please provide approximate dates of your scheduled semester breaks.

PROVINCIAL HEALTH SERVICES AUTHORITY

Please indicate your program preference(s), listing your first, second and/or third choice (if applicable).

- ☐ BC Children's Hospital
(Including Child & Youth Mental Health,
Sunny Hill Health Center & Healthy Minds
Center)



- ☐ BC Mental Health & Substance Use Services
(Including Correctional Health Services &
Forensic Psychiatric Services)



**BC MENTAL HEALTH
& SUBSTANCE USE SERVICES**
Provincial Health Services Authority

- ☐ BC Women's Hospital + Health Centre



- ☐ BC Centre for Disease Control



BC Centre for Disease Control
Provincial Health Services Authority

- ☐ BC Cancer



Provincial Health Services Authority

PROGRAM PREFERENCES

To see which units hire ESNs under each program, please refer to the attached handout on the [FAQ tab](#) and be sure to include that in the "Program Unit Preferences" boxes below.

Program Preference #1: ?

Program Unit/Location Preferences #1, #2 & #3:

Relevant Rotations/Experience

Date of completion (MM/DD/YY)

Please tell us why you have chosen your first program preference.

FUTURE CAREER PLANS

What are your career goals in this chosen area? ?

Program Preference #2: ?

Program Unit/Location Preferences #1, #2 & #3:

Relevant Rotations/Experience

Date of completion (MM/DD/YY)

Please tell us why you have chosen your second program preference.

FUTURE CAREER PLANS

What are your career goals in this chosen area? ?

Program Preference #3: ?

Program Unit/Location Preferences #1, #2 & #3:

Relevant Rotations/Experience

Date of completion (MM/DD/YY)

Please tell us why you have chosen your third program preference.

FUTURE CAREER PLANS

What are your career goals in this chosen area? ?

(Only applicable if **any** of your preferences include **BC Women's Hospital**)

Completion date of your maternal/newborn clinical rotation (MM/DD/YY)

ESN placement in the Neonatal Intensive Care Unit requires successful completion of BCIT Neonatal Theory 1 and 2.

Please state the course completion date if applicable (MM/DD/YY)

(Only applicable if **any** of your preferences include any of the correctional centers under **BC Mental Health & Substance Use Services**)

Are you related to any CHS employee? (Yes/No)

☐

YES

☐

NO

If you answered "Yes" to the above question, please provide details.

PRIVACY STATEMENT

Are you legally entitled to work in Canada?

☐ YES

☐ NO

Are you currently an employee of the Provincial Health Services Authority or one of its Agencies?

☐ YES

☐ NO

Have you previously been an employee of the Provincial Health Services Authority or one of its Agencies?

☐ YES

☐ NO

If you answered "Yes" to either question #2 or #3, please provide details.

Please review the following privacy statements [here](#). If you have any questions about the management of your personal information during the recruitment process, please contact the ESN recruitment team at ESN@phsa.ca.

☐

I confirm I have read and agree to all privacy statements.

Signed

Please email this application and supporting documents to esn@phsa.ca.

Please refer to [PHSA ESN Application Checklist](#) or [ESN website](#) as a reference guide to ensure all documentation is included in your application.

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For questions, or to self-identify, please contact the Sanya'kula team at indigenous.employment@phsa.ca. If you are scheduled for an interview and would like to connect with the Sanya'kula team, please include your interview details in the message.

Thank you for considering PHSA as part of your learning journey and we look forward to your participation as we work to build a diverse and culturally safe health care community.