VANCOUVER ISLAND health authority

New Grad Transition Program

Posting Date: March 15, 2010

EXPRESSION OF INTEREST

New Graduate Transition Program RNs/RPNs

Location:	Various sites and departments within VIHA
Hours of Work:	Various shifts and hours
Status:	Temporary Full-Time - for a maximum of 6 months (including benefits)
Classification/Salary:	DC1 / Step 1 - $29.02
Start Date:	Mid April 2010 (up to December 1, 2010)

JOB SUMMARY:
Under the general supervision of the Care Co-ordinator or the Patient Care Manager, assesses plans, provides and evaluates nursing care for assigned patients in accordance with established policies, procedures and standards.

QUALIFICATIONS:
Education Training and Experience
Graduate of a recognized School of Nursing within the calendar year of 2010. Current and active registration with the College of Registered Nurses of British Columbia (CRNBC) or College of Registered Psychiatric Nurses of British Columbia (CRPNBC). Recognized post-basic education required for clinical areas, or an equivalent combination of education and experience. Basic Life Support, Level "C" required. Advanced Cardiac Life Support for Emergency Room, ICU and Critical Care Relief Pool required.

Skills and Abilities
Ability to apply the nursing process effectively in a well-organized manner to the care of assigned patients. Physical ability to perform the duties of the position. Ability to communicate effectively both verbally and in writing. Ability to remain calm and to act appropriately in stressful and emergency situations. Other abilities as per job description

HOW TO APPLY:

NOTE: If you are a current VIHA employee we ask you to complete this application process in order to maximize your opportunities within the New Graduate Transition Program.

The following documents are required by all applicants applying to New Graduate Transition Program (NGTP) opportunities:

- Cover letter and resume.
- A completed VIHA application form (see below)
- NGTP Questionnaire (see below)
- Please provide contact information for two (2) references: include name, email address & phone number. One reference must be your most recent preceptor or RN within your CLU from your most recent clinical area of placement; preferred 2nd reference would be your most recent clinical nursing instructor.

NOTE: Please submit your application to Employment Services, Vancouver Island Health Authority. We will continue to accept applications up to December 1, 2010 for NGTP opportunities. It is expected that the number of opportunities will decrease through the year so it is recommended that you apply as soon as possible.

Please submit your application by email to: tricia.wharton@viha.ca quoting **Reference #25877- NGTP** in the subject line.

We would like to thank all candidates in advance for their interest .Only those candidates selected for interview will be contacted. Please monitor our website for additional information and updates on the program.
http://www.viha.ca/careers/job_postings/student_opportunities/

NGTP QUESTIONNAIRE

New Registered Nurse (BScN and Diploma) & Registered Psychiatric Nurse Applicants

To assist the Vancouver Island Health Authority (VIHA) in facilitating optimal employment opportunities for newly registered RN and RPN graduates, VIHA needs to understand the types of employment situations that you would prefer as a new graduate.

Please complete all sections.

1. Name: ______________________________ **Home Phone:** ______________________

Email Address: ______________________ **Cell phone:** ______________________

2. Which School of Nursing are you enrolled in/graduating from in 2010? __________________________

- Date of program completion ______________________________
- Site & unit or clinical setting of final practicum ______________________________
- Site & unit of Employed Student Nurse experience (if applic) ______________________________
- List any specialty education/certification you have ______________________________
- Effective date of provisional registration with CRNBC ______________________________
- Month & date you wish to commence employment ______________________________

3. List order of preferred geographic location(s) of employment. (1, 2, 3…)

____ Pt McNeil, Pt Hardy, Alert Bay
____ Campbell River & Area
____ Comox Valley
____ Parksville/Qualicum
____ Port Alberni
____ Tofino
___ Nanaimo
___ Duncan
___ San Peninsula/Sidney
___ South Gulf Island
___ Victoria
Other (specify) __________________

4. List your top two employment choices. You may specify units by name (i.e. Ortho, 3W, RJH):

First Choice____

Second Choice ____

5. If your top two choices are not available, please indicate your next clinical settings of preference (1, 2, 3 …):

____ Medical
____ Pediatrics
____ Palliative Care
____ Mental Health/Addictions
_____ Surgical
_____ Neurosciences
_____ Residential/Seniors
____ OR/PAR
____ Rehabilitation
____ Orthopedics

Other (specify) ____

6. Additional Comments ____

Thank you in advance for completing this NG questionnaire and submitting it along with your VIHA application form, resume and cover letter.

APPLICATION FOR EMPLOYMENT

VANCOUVER ISLAND health authority
www.viha.ca

Office Use Only

This application may be considered for any suitable vacancy in the Vancouver Island Health Authority (VIHA).

Please print forms, complete all sections in full, in your own handwriting, even if you are attaching a resume and convert to PDF format to submit by email along with other documents.

PERSONAL INFORMATION

NAME AND ADDRESS OF APPLICANT (PLEASE PRINT)

LAST	FIRST	MIDDLE	PREFERRED FIRST NAME	PREVIOUS LAST NAME

STREET ADDRESS			HOME PHONE ( )
CITY OR TOWN	PROVINCE	POSTAL CODE	BUSINESS/ALTERNATE PHONE ( )
MAILING ADDRESS (IF DIFFERENT)			PAGER/CELL/FAX ( )
			EMAIL

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES ☐ NO ☐ LEGAL STATUS TO WORK IN CANADA – DOCUMENTATION MAY BE REQUIRED

☐ CANADIAN CITIZEN ☐ LANDED IMMIGRANT ☐ WORK PERMIT ☐ OTHER, PLEASE SPECIFY

____

DO YOU HAVE ANY MEDICAL/PHYSICAL CONDITIONS WHICH WOULD PREVENT YOU FROM PERFORMING SPECIFIC KINDS OF DUTIES REQUIRED AS PART OF THE POSITION YOU HAVE APPLIED FOR? (E.G. LATEX ALLERGY, MUSCULOSKELETAL INJURY)

YES ☐ NO ☐ IF YES, DESCRIBE AND EXPLAIN WORK LIMITATIONS:____

____

ARE YOU WILLING TO UNDERGO A MEDICAL EXAMINATION FOR THE PURPOSE OF EMPLOYMENT? YES ☐ NO ☐

POSITION APPLIED FOR

POSITION(S) DESIRED: 1.______________________________ 2.______________________________

Please identify clinical area(s) of interest (if applicable)

FACILITY ☐ COMMUNITY ☐ SPECIFIC WORK LOCATION ______________________________

FULL TIME ☐ PART TIME ☐ CASUAL ☐ DATE AVAILABLE TO START WORK______________________________

SHIFTS AVAILABLE FOR: DAYS ☐ EVENINGS ☐ NIGHTS ☐ ALL SHIFTS ☐ SHORT NOTICE? YES ☐ NO ☐

IF NO, HOW MUCH NOTICE WILL YOU REQUIRE? ______________________________

ARE YOU CURRENTLY EMPLOYED WITH THE VIHA? ☐ YES ☐ NO

IF YES, EMPLOYEE NUMBER: ____________________, AT WHICH SITE(S) AND POSITION:

____

HAVE YOU BEEN PREVIOUSLY EMPLOYED AT A VIHA FACILITY? ☐ YES ☐ NO

IF YES, WHERE________________________________, FROM ______________ TO ______________ AND POSITION

____

HOW DID YOU FIRST LEARN ABOUT THE VIHA?
(Please specify where indicated)

☐ WALK IN ☐ VIHA WEB SITE ☐ JOB FAIR ______________________

☐ WORD OF MOUTH ☐ PROFESSIONAL JOURNAL ______________________ ☐ NEWSPAPER AD ______________________

☐ MAIL OUT ☐ ON-LINE JOB BOARDS______________________ ☐ OTHER ______________________

☐ PROFESSIONAL ASSOCIATION WEB SITE

EDUCATION

	NAME & LOCATION OF INSTITUTION ATTENDED	DATES ATTENDED FROM	TO	CERTIFICATE OBTAINED	PROGRAM
LAST GRADE SUCCESSFULLY COMPLETED 7 8 9 10 11 12 13					
COLLEGE					PRACTICUM AT:
UNIVERSITY					PRACTICUM AT:
SCHOOL OF NURSING					PRECEPTORSHIP AT:
TRADES TECHNICAL COMMERCIAL					
OTHER TRAINING OR EDUCATION					

ARE YOU ATTENDING SCHOOL NOW? YES ☐ NO ☐ INSTITUTION ________________ F/T, P/T, OR EVENING CLASSES? ________

COURSE OR AREA OF SCHOOLING

REGISTRATION INFORMATION

LIST ANY ACTIVE MEMBERSHIPS OR REGISTRATIONS IN A PROFESSIONAL CAREER RELATED ORGANIZATION OR SOCIETY: ________________

CURRENT B.C. REGISTRATION: YES ☐ NO ☐ TYPE & NUMBER OF REGISTRATION: ________________ ACTIVE ☐ INACTIVE ☐

CURRENT CANADIAN REGISTRATION: YES ☐ NO ☐ TYPE & NUMBER OF REGISTRATION: ________________ ACTIVE ☐ INACTIVE ☐

INTERIM OR TEMPORARY: YES ☐ NO ☐ EXAMINATION DATE: ________________

ARE YOU REGISTERED ELSEWHERE? YES ☐ NO ☐ IF YES, INDICATE WHERE REGISTERED, STATUS OF REGISTRATION & NUMBER

____

(PROVINCE/STATE REGISTERED) ACTIVE/INACTIVE REGISTRATION NUMBER

Please attach copy of your registration.

☐ CPR – BASIC RESCUER CERTIFICATION ________________ EXPIRY DATE

☐ ACLS ________________ DATE

☐ BASIC ARRHYTHMIA COURSE ________________ DATE

☐ 1ST AID CERTIFICATE/EXPIRY DATE ________________

☐ VALID DRIVER'S LICENSE ________________ PROVINCE ________________ CLASS

EMPLOYMENT SKILLS/CERTIFICATIONS

PATIENT/CLIENT CARE ☐ **NURSING** ☐ **PARAMEDICAL**________________ ☐ **OTHER** ________________

(✓ WHERE APPROPRIATE)

☐ MEDICAL ☐ SURGICAL ☐ EMERGENCY ☐ CRITICAL CARE ☐ COMMUNITY ☐ NURSERY ☐ OBSTETRICS

☐ OPERATING ROOM ☐ RECOVERY ROOM ☐ ONCOLOGY ☐ CHEMOTHERAPY ☐ MENTAL HEALTH ☐ PEDIATRICS ☐ LABOUR & DELIVERY

☐ REHABILITATION ☐ AMBULATORY CARE ☐ TELEMETRY ☐ PALLIATIVE CARE ☐ GERONTOLOGY ☐ RESPIRATORY ☐ PUBLIC HEALTH

☐ ACLS ☐ NEUROSCIENCES ☐ CARDIO TECHNICIAN ☐ 1ST AID CERT/EXPIRY DATE: ________________ ☐ CPR LEVEL (______)

☐ LAB ASSISTANT ☐ OTHER: ________________

CLERICAL (INCLUDE COPY OF CERTIFICATION(S) WITH APPLICATION)

☐ MEDICAL TERMINOLOGY ☐ TRANSCRIPTION ☐ ACCOUNTING ☐ PAYROLL ☐ CASHIER ☐ UNIT CLERK

☐ KEYBOARDING_____ ____________WPM ☐ HEALTH RECORDS TECH

☐ SWITCHBOARD (TYPE) ________________ ☐ COMPUTER SKILLS/SOFTWARE: ________________

SUPPORT SERVICES (INCLUDE COPY OF CERTIFICATION(S) WITH APPLICATION)

☐ WHMIS ☐ CLEANING-INSTITUTIONAL ☐ FLOOR POLISHERS/AUTOSCRUBBERS ☐ CENTRAL PROCESSING STERILIZATION CERT

☐ FOOD SAFE 1 ☐ FOOD SAFE ADVANCED ☐ INDUSTRIAL 1ST AID LEVEL: ________ ☐ POWER/STEAM CLASS: ________________

☐ TRADE QUALIFICATION: ________________

OTHER

ADDITIONAL EXPERIENCE, SKILLS, OR QUALIFICATIONS THAT ARE RELEVANT TO THIS APPLICATION:

____

____

WORK HISTORY - (PRESENT EMPLOYER FIRST)

LIST **ALL** EMPLOYERS YOU HAVE WORKED FOR IN YOUR LAST 6 YEARS OF EMPLOYMENT.

(COMPLETE ALL SECTIONS, EVEN IF YOU ARE ENCLOSING A RESUME. *IF THE APPLICATION IS INCOMPLETE, THERE MAY BE A DELAY IN PROCESSING.*)

NAME OF EMPLOYER:	ADDRESS OF BUSINESS (INCLUDE POSTAL CODE):	
SUPERVISOR'S NAME & TITLE:	BUS. TELEPHONE NO.: ( ) CELL TELEPHONE NO.: ( )	FAX NO.: ( )
YOUR POSITION TITLE:	SUPERVISOR'S EMAIL ADDRESS:	
DESCRIBE IN DETAIL YOUR JOB DUTIES AND RESPONSIBILITIES:		
DATES EMPLOYED (D/M/Y) ☐ F/T ☐ P/T ☐ CASUAL FROM: ______ TO: ______ ______ HOURS/WEEK TOTAL NO. HRS WORKED:______		
REASON FOR LEAVING:		
MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? ☐ YES ☐ NO		

NAME OF EMPLOYER:	ADDRESS OF BUSINESS (INCLUDE POSTAL CODE):	
SUPERVISOR'S NAME & TITLE:	BUS. TELEPHONE NO.: ( ) CELL TELEPHONE NO: ( )	FAX NO.: ( )
YOUR POSITION TITLE:	SUPERVISOR'S EMAIL ADDRESS:	
DESCRIBE IN DETAIL YOUR JOB DUTIES AND RESPONSIBILITIES:		
DATES EMPLOYED (D/M/Y) ☐ F/T ☐ P/T ☐ CASUAL FROM: ______ TO: ______ ______ HOURS/WEEK TOTAL NO. HRS WORKED: ______		
REASON FOR LEAVING:		
MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? ☐ YES ☐ NO		

NAME OF EMPLOYER:	ADDRESS OF BUSINESS (INCLUDE POSTAL CODE):	
SUPERVISOR'S NAME & TITLE:	BUS. TELEPHONE NO.: ( ) CELL TELEPHONE NO.: ( )	FAX NO.: ( )
YOUR POSITION TITLE:	SUPERVISOR'S EMAIL ADDRESS:	
DESCRIBE IN DETAIL YOUR JOB DUTIES AND RESPONSIBILITIES:		
DATES EMPLOYED (D/M/Y) ☐ F/T ☐ P/T ☐ CASUAL FROM: ______ TO: ______ ______ HOURS/WEEK TOTAL NO. HRS WORKED: ______		
REASON FOR LEAVING:		
MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? ☐ YES ☐ NO		

REFERENCE INFORMATION

PLEASE LIST A MINIMUM OF THREE PREVIOUS/PRESENT SUPERVISORS WHO MAY BE CONTACTED TO PROVIDE REFERENCE INFORMATION.
IF YOU ARE/WERE SELF EMPLOYED, PROVIDE NAMES OF CLIENTS AND/OR SUPPLIERS.

SUPERVISOR'S NAME	EMPLOYER AT THE TIME	TELEPHONE #	FAX/EMAIL
1.			
2.			
3.			

PRACTICUM INFORMATION: IF YOU HAVE RECENTLY COMPLETED A PRACTICUM ASSOCIATED WITH YOUR PROFESSION, PLEASE PROVIDE A MINIMUM OF THREE SUPERVISORS WHO MAY BE CONTACTED.

SUPERVISOR'S NAME	SUPERVISOR'S TITLE (INSTRUCTOR/PRECEPTOR)	TELEPHONE #	FAX/EMAIL
1.			
2.			
3.			

PLEASE READ CAREFULLY

- I have completed this application in my own handwriting and understand that any misrepresentation made by me in connection with this application will be just and sufficient cause for rejection of this application or for separation from the Vancouver Island Health Authority.
- I agree to complete a pre-employment health screening (including TB skin test and/or chest x-ray) in order to document that I meet an acceptable standard of health, which is a condition of employment.
- I understand that if hired, I will be required to serve the probationary period.
- If employed, I agree to abide by all the policies of the Vancouver Island Health Authority and that any breach of said policies may result in dismissal. In addition, if I am offered employment I agree to sign a confidentiality acknowledgement as a condition of my employment.
- I understand that any job offer will be conditional upon the consent to and the result of a criminal record check where applicable.
- I understand that VIHA has a policy whereby an employee may not report directly to, or supervise, a relative. Will this application put you in conflict with this policy? Yes _____ No _____. If yes, please indicate the name of and position that your relative holds within VIHA that, if hired, will put you in conflict with this policy. ______________________________
- I hereby consent and authorize the VIHA to obtain reference information from my present and/or previous employer(s) and/or education facilities and that no act of libel or damages shall be instigated by me against same by the release of such information.
- Please note: Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of your application for employment.

Date: ______________________________ Signature of Applicant: ______________________________

Office Locations:

- Employment Services, Victoria: Room 102, Begbie Hall, 2101 Richmond Avenue, Royal Jubilee Hospital Site, Tel: 1-250-370-8522 (Option 1)
  Mailing Address: 1952 Bay Street, Victoria, BC V8R 1J8, Toll FreeTel: 1-888-296-3963, Fax: 250-370-8570
- Employment Services, Nanaimo: #300-6475 Metral Drive, Nanaimo, BC V9T 2L9, Tel: (250) 755-7615, Toll Free Tel: 1-888-758-7615,
  Fax: 1-250-740-6920 Toll-free Fax: 1-866-740-7920 – NOTE: please send all northern island applications/resumes to the Nanaimo office