

Date: May 1, 2024
Form ID: 123456789

School: QUEEN'S UNIVERSITY
Program: MASTER OF NURSING-PHCNP
Check-in period: Apr 30, 2024 to Oct 31, 2024
Service region: East

John Smith
111 Test St.
Toronto, ON M6P 2T4

Canada

Section A: Employment Information

Provide information about your employment in this section. If you have more than one employer, print and complete additional copies of this form as needed.

1. What is the name of the organization where you are working?

Name of organization:
F R E D S P H A R M A C Y

2. What is the address of the organization where you are working?

Street number and name, rural route, or post office box:
1 0 0 E A S T A V E

Street number and name, rural route, or post office box:

City, town, or post office:
K I N G S T O N

Postal code: Area code and telephone number:
H 0 H 0 H 0 6 1 3 1 1 1 2 3 6 5

3. What is the name of your position/occupation with this employer?

- ☒ Nurse Practitioner
- ☐ Registered Nurse
- ☒ Registered Practical Nurse
- ☐ Primary Care Paramedic
- ☐ Medical Laboratory Technologist
- ☐ Primary care paramedic in a Ministry of Health certified ambulance service operator
- ☐ Ornge land ambulance asset in Northern Ontario

4. What is your expected start date for the position?

Day Month Year

06 05 2024

5. Will you (do you expect to) work at least 20 hours per month?

☒ Yes

☐ No – complete 5a

5a. How many hours per month do you expect to work?

6. Will you (do you expect to) work at least 400 hours during the six months following your expected start date?

☒ Yes

☐ No – complete 6a

6a. How many hours during six months do you expect to work?

Section B: Student declaration

- I declare that the information provided on this form is complete and true.
- I understand the requirements of my Service Commitment Agreement, including that any breach of this agreement may result in my Ontario Learn and Stay Grants being converted into a loan which I will be required to repay to Ontario.
- I understand that information I provide in connection with service commitment information provided in this form will be verified and audited by NSLSC.
- I understand that I may be required to repay all or part of the Ontario Learn and Stay Grant funds if the information and any supporting documentation I provide in connection with service commitment information provided in this form is found to be inaccurate.
- I understand that if the service commitment requirements are not met, in accordance with my Service Commitment signed Agreement, I may be required to repay all or part of the Ontario Learn and Stay Grant funds.
- I consent to my information being shared with and collected by the NSLSC for the purposes of administering the Ontario Learn and Stay Grant.

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Signature of student:



Date:

Day Month Year

12 04 2024

Your personal information will be used to administer the Ontario Learn and Stay Grant, as set out in the notice of Collection and Use of Personal Information on your application and in accordance with the consents you signed on your application. The Ministry of Colleges and Universities administers and finances the Ontario Learn and Stay Grant under the legal authority set out on your application. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, Thunder Bay, Ontario, P7B 6G9; 807-343-7260.

Section C: Employer Section

Instructions to employer

The individual listed on page 3 and who signed Section B previously received educational funding through the Ontario Learn and Stay Grant. As a grant recipient they must complete a service commitment in the region where they completed their program of study.

The individual has indicated they are employed with your organization. Information about their employment and your organization is required to confirm the individual met the Ontario Learn and Stay Grant service commitment terms and requirements .

This form must be completed by the employee’s direct or indirect supervisor or someone in the organization who can confirm details about the individual’s employment. Review the information provided in Section A, then complete sections C and D. Return the completed form to the employee.

If the information provided by the employee is not correct, do not sign Section D and return the form to the employee.

7. Contact details of individual confirming employment

First name:

BIG DADDY

Last name:

PHARMAN

Position:

BOSSMAN

Area code and telephone number:

413 555 1235

Email address:

bdpharman@gmail.com

8. Is your organization a broader public sector organization under the *Broader Public Sector Accountability Act, 2010*, S.O. 2010, c. 25?

☒ Yes

☐ No – complete 8a

8a. Does your organization operate on a First Nations reserve or primarily serve First Nations, Métis or Inuit communities?

☐ Yes

☐ No

Section D: Employer declaration

I declare that:

- The information I have provided on this form is complete and true.
- The information provided by the employee in Section A is correct.

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Signature of employer:

B. D. Phavanan

Date:

Day Month Year
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