

Employed Student Nurse (ESN)/ Employed Student Psychiatric Nurse (ESPN) Pre-Screen

Thank you for your interest in employment with Interior Health. We would like to learn more about your experiences as a nursing student and your employment preferences. Please ensure you submit the most accurate information possible regarding your location and placement preferences. The information will be reviewed by the ESN/ESPN Program Team to assist us with short listing and directing your application.

Directions:

1. **Save a copy** of this form to your computer
2. **Open the saved form** from your computer
3. **Complete** and **save** the final version of this form
4. **Upload** completed form to your [IH Careers Profile](#)

Contact Information:

Legal Last Name, First Name				
Primary Phone <i>(to reach you during ESN/ESPN Placement)</i>		Alternate Phone		
Permanent Address <i>(Street Address/PO Box, City, Postal Code, Province)</i>				
Address while Attending School <i>(Street Address/PO Box, City, Postal Code, Province)</i>				
Email Address				
Post Secondary Institution		Program <input type="checkbox"/> RN <input type="checkbox"/> RPN	Current Year of Program	Current Semester
CPR (Current Level C)		Expires (dd / mmm / yyyy)	Date of Availability (dd / mmm / yyyy)	

Placement Preferences:

List with #1 being your top choice for preferred location and practice area. We will try to match you to your preferred location but there is a limited number of ESN/ESPN placements within each site. No more than two specialty areas as choices. See [Potential Placement Options](#).

Community / City / Town <i>(e.g. Kamloops)</i>	IH Facility <i>(e.g. Royal Inland Hospital)</i>	Practice Area (one per box) <i>(e.g. Surgical 6N)</i>
1.		
2.		
3.		

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Additional Training: *If you are applying to a specialty practice area, list any specialty training you have in progress or have completed (ACLS, CAM, TNCC, Telemetry, NRP, ACCN, etc.)*

Consent: *(Please check the box)*

- I understand that the Interior Health's ESN/ESPN Program may contact my School of Nursing to discuss my above placement preferences. I hereby give permission to my School of Nursing to serve as a referee for me, and understand that the School of Nursing will be asked to provide a verbal reference for ESN/ESPN placement preferences within Interior Health ESN/ESPN Program.
- If hired into Interior Health's ESN/ESPN Program, I hereby authorize the sharing of information between my School of Nursing and Interior Health regarding my progress as an ESN/ESPN, additional courses previous completed, as well as any identified learning goals I will work towards during my final year of my program. This authorization is valid for a period of one year from date of signing if required on a recurring basis, or until discharged from the ESN/ESPN program, which ever comes first.

ESN/ESPN Signature _____ Date (dd/mmm/yyyy) _____

Potential Placement Options

See <https://www.interiorhealth.ca/careers/student-career-opportunities/employed-student-nurses> for a list of potential options

