Interior Health

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 assignment preferences, you can review the ESN / ESPN Program Information Booklet for a comprehensive list of options. The information will be reviewed by the ESN / ESPN Program Team to assist us with short listing and directing your application.

Directions: **Before filling out the form, please download it first and then fill it out electronically. Before submitting, please ensure that all information in the form is displaying properly.** Save the form once completed, as you will need to submit it electronically with all other required documents.

Applicant Information

Legal Last Name, Legal First Name	
Preferred Name	
Preferred Pronouns	
Primary Phone	
Alternate Phone	
Permanent Address *Street Address / P.O. Box* *City, Postal Code, Province*	
Address while Attending School *Street Address / P.O. Box* *City, Postal Code, Province*	
Email Address	
IH Username / Mnemonic	☐ N/A

Where did you hear about the ESN/ESPN Program:
☐ PSI ☐ IH Career Website ☐ Practicum Experience ☐ Other *(please specify)* _____

Nursing Program / Course Information

Post Secondary Institution	
Program:	☐ RN ☐ RPN
Program Start Date *(dd/mmm/yyyy)*	
Anticipated Completion Date *(dd/mmm/yyyy)*	
CPR – Current Level 'C'	
Date of expiry *(dd/mmm/yyyy)*	

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Applicant Availability

We recommend you choose an intake that starts near the end or after your educational commitments are complete. Although your official start date would be the 1st day of the month of the chosen intake, you would have flexibility to commence your duties after attending a mandatory virtual orientation. The successful candidate must be available to work during the chosen intake as per a pre-determined schedule. Shifts will follow the unit's regular shift pattern and hours. Partial shifts may be permitted to accommodate your academic schedule.

What intake are you available for? (Choose one)

☐ May 1 – Sept 1 ☐ July 1 – Nov 1 ☐ Sept 1 – Jan 1 ☐ Nov 1 – March 1
☐ June 1 – Oct 1 ☐ Aug 1 – Dec 1 ☐ Oct 1 – Feb 1

What year & semester of school will you have completed at the start of your chosen intake date? Year _____ Semester _____

Are you in an accelerated program? ☐ Yes ☐ No

Will you be in school during your chosen intake period? ☐ Yes ☐ No

Choose the days of the week and shifts they are available to work.

	AM	PM	Both	N/A
Sunday	○	○	○	○
Monday	○	○	○	○
Tuesday	○	○	○	○
Wednesday	○	○	○	○
Thursday	○	○	○	○
Friday	○	○	○	○
Saturday	○	○	○	○

Are you available to work a minimum of 2 – 3 shifts per week? ☐ Yes ☐ No

Please provide the dates when you are available to start working 2 – 3 shifts per week

Start date *(dd/mmm/yyyy)*	
End Date *(dd/mmm/yyyy)*	

Are there any extended periods of time that you will not be available to work? (Please list)

If additional hours are available, are you interested/available to continue working? ☐ Yes ☐ No

Assignment Preferences

Review the ESN/ESPN Program Information Booklet for assignment options applicable to your program year. 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 assignment within each site. No more than two specialty areas as choices.

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

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Clinical Rotations: List previous and current clinical rotations (site, area, completion date etc.) IMPORTANT: if this section is left blank, your application will not be accepted.

Additional Training: List any specialty training you have in progress or have completed (ACLS, CAM, TNCC, Telemetry, NRP, ACCN, etc.) If applying to a specialty area where you have not completed your theory and practicum through your School of Nursing, please list the anticipated date of completion for these courses.

Consent: (Please check the boxes and sign below)

- ☐ I understand that the Interior Health's ESN / ESPN Program may contact my School of Nursing to discuss my above assignment 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 assignment 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 previously 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, whichever comes first.
- ☐ I have reviewed and completed all the required fields in this document and understand that if it is not completed entirely, my application will not be accepted.

Date (dd / mmm / yyyy)	Time ☐ a.m. ☐ p.m.	Printed Name	Signature

Thank you for your interest in Interior Health's ESN/ESPN Program!

Due to the large number of applications received, we are unable to confirm the status of individual applications. Only short-listed applicants will be contacted.

Questions? Email IHEmployedStudents@interiorhealth.ca