## **New Graduate LPN Program** Questionnaire

What name may we address you by?
What Pronouns may we refer to you by? (examples: he/she/they/other)
What is your BCCNM Registration # (if available)
Your hometown city?
Your hometown province?
Where did you attend post-secondary school?
The expected completion date of your nursing program: (dd/mmm/yy)
Your date available to start work: (dd/mmm/yy)
At what facility and in what practice area/unit did you complete your practicum?
Please list any specialty training you have in progress or have completed (ie. ACLS, CPR, BCLS, NRP, ACCN, ER, etc.).

In this section, please list your first to third choice of location and then the site and department of preference in which you meet the full qualifications of the position. If your preference is in a specialty area, you must have advanced preparation in the clinical specialty of the assigned program area as required by the position.

What is your Region of Preference?	
First Choice: Location (City)	
First Choice: Site & Department	
Second Choice: Location (City)	
Second Choice: Site & Department	
Third Choice: Location (City)	
Third Choice: Site & Department	
Are you willing to consider other areas of practice?	
Are you willing to consider other locations?	
How did you hear about this opportunity?	



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What is your availability? (Most nursing shifts types are days, evenings, and nights) Please mark below

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Evening							
Night							

	Are y	you interested	in	working	full-time	or	part-time
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Full-time Part-time

I am open to either options

In this section, please list 2 references for your application, the requirements for these references are as follows:

- 1. At least one (1) reference from a **recent** clinical instructor, practicum supervisor, or clinical preceptor.
- 2. The other reference can be from a current or recent Employer (supervisor or manager)
- 3. Please **do not submit peer** reference contacts as this will delay the process. Reference providers need to have provided supervision.
- 4. Please enter provide cell numbers and emails to ensure your referee can be reached

Referee # 1		Referee # 2		
Name:		Name:		
Email:		Email:		
Cell Number:		Cell Number:		
Company:		Company:		
Position		Position		
Relationship		Relationship		

By submitting this form, I hereby authorize and direct any person or entities to release to the Interior Health Authority or its agents, information regarding my employment and/or education background. I do hereby release from all liability or responsibility, all persons or organizations supplying such information. I consent to be contacted by email at the address on my application for the purpose of employment applications.

Any questions about the IH New Grad program contact: IHLPNRecruitment@interiorhealth.ca

Applicant Name:	Date Submitted:	