



New Graduate RN/RPN Program Questionnaire

Table with 2 columns and 13 rows containing questionnaire questions such as 'What is the name we may address you by?', 'What Pronouns may we refer to you by...', and 'Please list any specialty training you have in progress or have completed...'.

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.

Table with 2 columns and 11 rows containing questions about location preferences, such as 'What is your Region of Preference?', 'First Choice: Location (City)', and 'Are you willing to consider other areas of practice?'.



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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 you interested in working full-time or part-time?

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.
5. If you are a current IHA employee, please ensure that you list your current IHA Manager as one of your references below, they will be contacted.

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: NewGradNurses@Interiorhealth.ca

Applicant Name:		Date Submitted:	
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