

Employed Student Nurse Pre-Screen Form

Page 1 of 2

Thank you for your interest in employment with Northern Health's Employed Student Nurse (ESN) program. We would like to learn more about your nursing experience and employment preference. Please take a few moments to tell us about yourself, ensuring that you submit the most accurate information as possible.

Submission Instructions:

- Once you have completed this form, please upload it through your ExpectMore profile.
- Reference forms should be completed by a clinical instructor, lab instructor, preceptor or supervisor and sent directly to studentpractice@northernhealth.ca.

For more information on the ESN program please visit our website.

| Stud | ent information | | | | | | | |
|--|--|---------------|---|----------------------------|-----------------|-----------------------|----------------|--|
| First name | | Middle name | | | Last name | | | |
| | | | | | _ | | | |
| Current Street Address | | | | City | Province | | Postal code | |
| | | | | | | | | |
| Personal Email Address (Do not use student email) | | | Gender | | Primary phone # | | | |
| | | | | | | | | |
| Name of Post-Secondary Institution | | | Program of Study | | | Current Year of Study | | |
| | · | | | | Anticipa | ted Graduation D | ate (mm/yy): | |
| Option | nal-Do you identify as First Nations, Inuk/Inuit ar | nd/or Me | étis? | | • | | | |
| Are your immunizations up to date? Yes No Do you have current fit testing for an N95 mask (required annually)? Yes No | | | | | | | | |
| CPR level C or Current Basic Life Support Yes No Previous NH Employee # (if applicable) | | | | | | | | |
| | rning Northern Health ESNs | | | | <u> </u> | , | | |
| Are you actively registered in your nursing program?: Yes No Are you currently in good standing in your program?: Yes No | | | | | | | | |
| My first preference would be to return as an ESN to my previous department of hire Yes No *Please note this cannot be guaranteed | | | | | | | | |
| Current Site Depa | | | artment | | | Manager Name | | |
| Employment preference (select one): year round | | | d (Apr- Mar) summer (May-Aug) no preference | | | | | |
| | ement Preferences: *New & Returning E | <u>, , , </u> | _ | | <i>y</i> | | | |
| | our preferences with #1 being your top choice for | | | | . We will t | try to match you to | your preferred | |
| location, but note, position capacity cannot be guaranteed at all sites. Operational departments may have specific education / | | | | | | | | |
| | ience requirements. | | | | | | | |
| | e: if housing is required for your community choice, this may be available but cannot be guaranteed. | | | | | | | |
| # | | | | Health Facility (select se | econd) | | | |
| | (e.g. Prince George) | | (e.g. UHNBC) | | | (e.g. Emergency) | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |

Note: for 2024-2025 you will have the opportunity to resubmit your pre-screen preferences if you wish to apply for a change of position / location in August 2024 for the remainder of your ESN employment hours between August 2024-March 2025

| REQUIRED: Clinical Experie | nce |
|--|--|
| | placements (include location / department), and any volunteer, ESN, or previous work |
| experience related to your nursing | career. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Additional Turinina Educati | |
| Additional Training, Education | |
| Please list any additional training | you have in progress or have completed |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Additional comments/inform | ation |
| ie: willing to travel but will require I | |
| re. willing to traver but will require r | lousing in available |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Date: | Applicant Signature: |
| Date | Applicatit Olgitatule |



- 1. University Hospital of Northern British Columbia

- 4. St. John Hospital

- 7. Lakes District Hospital and Health Centre
- 9. Fort St. John Hospital
- 10. Fort Nelson General Hospital
- 11. Bulkley Valley District Hospital
- 12. Wrinch Memorial Hospital
- 13. Mills Memorial Hospital
- 14. Kitimat General Hospital and Health Centre
- 15. Prince Rupert Regional Hospital
- 16. Haida Gwaii Hospital
- 17. Stewart Health Centre
- 18. Northern Haida Gwaii Hospital and Health Centre
- 19. Valemount Health Centre
- 20. Fraser Lake Community Health Centre
- 21. Tumbler Ridge Community Health Centre
- 22. Hudson's Hope Health Centre
- 23. Houston Health Centre
- 25. Atlin Health Centre
- 24. Stikine Health Centre

LONG TERM CARE AND **ASSISTED LIVING FACILITIES**

- 26. Seven Sisters and Birchwood Place (Terrace)
- 27. Dunrovin Park Lodge (Quesnel)
- 28. Prince George Public Health Clinic (Prince George)
- 29. Nechako Centre (Prince George)
- 30. Gateway Lodge (Prince George)
- 31. Jubilee Lodge (Prince George)
- 32. Parkside Care Home (Prince George)
- 33. Acropolis Manor (Prince Rupert)
- 34. Iris House (Prince George)
- 35. Peace Villa Facility (Fort St. John)
- 36. Rotary Manor (Dawson Creek)
- 37. Terraceview Lodge (Terrace) 38. Bulkley Lodge (Smithers)
- 39. Stuart Nechako Manor (Vanderhoof)

