

**EMERGENCY MEDICAL SERVICES
MANITOBA HEALTH
2018/2019**

**EMS RURAL AND NORTHERN RETURN OF SERVICE INITIATIVE
APPLICATION FORM**
Application Deadline is Friday, February 1, 2019
Return to: EMS Director- Manitoba Health, Seniors & Active Living
Unit #7-1680 Ellice, Wpg. MB R3H 0Z2

Part 1 Applicant Information Please Print

Name: _____
Given Name
Surname

Mailing Address: _____
Street or PO Box Number

Community *Province* *Postal Code*

Telephone: _____ _____ Email address _____
Day *Evening*

Part 2 Education and License Information Please Print

RED RIVER COLLEGE – PARAMEDICINE – PRIMARY CARE PARAMEDIC
Name of Educational Institution

Program Completion (Graduation) Date (this is the date that you completed the course)

Month *Year*

Part 3 Employment Information Please Print

Employed with _____ EMS Service

Date of Commencement of Employment _____ / _____ / _____
Day *Month* *Year*

April 1, 2019 is the effective date for accumulation of one year service and 1000 hours of direct service. (April 1, 2019 – March 31, 2020)

Manitoba Health EMS Licence Number _____

Social Insurance Number _____ / _____ / _____

***Note:** Only graduates from Red River College Paramedicine – Primary Care Paramedic who graduated after **June 2016** will be eligible. Individuals who have previously received the initiative are not eligible.

Part 4 Applicant's Information Release

I consent to allow the release of information from my PCP educational institution for the purpose of ensuring I am eligible for the return of service financial initiative.

Signature of Applicant: _____ Date: _____

Part 5 Applicant's Declaration

To the best of my knowledge, I the applicant, declare that I have read and understood the instructions and that all the information given on this application is true.

Signature of Applicant: _____ Date: _____

- Applicant must enter into an agreement with their employer to work for a minimum of 1 year and complete 1000 hours of direct service. **Effective April 1, 2019 – March 31, 2020**
- The financial initiative is taxable
- The length of employment and accumulation of direct service hours worked may be transferred to another eligible employer with notification to EMS Branch
- Previous recipients of this initiative may not re-apply
- Re-payment of this financial initiative is mandatory if the applicant prior to completing their one year of service and 1000 hours of direct service
 - chooses to resign, or
 - leaves the province, or
 - transfers to a service that is not eligible under the program

Part 6 RHA Information – to be completed by the EMS Manager (This part of the application must be completed by the EMS Manager or by individuals who have signing authority for the RHA and the EMS Branch has been notified of such.)

The primary base of employment for the above noted applicant (as of application date) will be:

Base Community *Site Address* *EFT*

If the applicant is working in more than one site please provide a letter of explanation.

As the **EMS Manager**, _____ for the Regional Health Authority of _____
Please print

_____ I confirm the above noted applicant is eligible for this financial incentive based on the criteria and conditions established in the 2018/2019 EMS Rural and Northern Return of Service Initiative Procedure.

Signature: _____ Date: _____
EMS Manager