

NURSING
Student Summer Employment
2014
SITE REQUEST FORM

SUBMISSION DEADLINE IS MARCH 14, 2014

SECTION A: INDIVIDUAL SUBMITTING REQUEST

Name: _____ Submission Date: _____
E-mail: _____ Phone: _____
Facility: _____

SECTION B: REQUEST DETAILS: Please submit one request per worksite.

Number of 1st year LPN students requested: _____
Number of 1st year students requested: _____
Number of 2nd year students requested: _____
Number of 3rd year students requested: _____

SECTION C: REQUEST DETAILS - PLEASE SUBMIT ONE REQUEST PER WORKSITE/UNIT

Student(s) worksite/department: _____
Student(s) daily supervisor (name, title, phone number, email): _____

SECTION D: Additional information specific to this site request:

Please return completed form to:

Ellen McCloskey, Recruitment & Retention Secretariat
P.O. Box 2000 Charlottetown, PE C1A 7N8
Phone: 902-620-3874 Fax: 902-620-3875 E-mail: eajmccloskey@gov.pe.ca
www.healthjobspei.ca

