

Application

Specialist Recruitment Fund and Physician Resettlement Fund

NOTE: All Grants Require One Year Return of Service for Each Grant Taken

Applying for: *Specialist Recruitment Fund **Physician Resettlement Fund- CCFP or FRCP certification required

* This fund is designed to incent specialists to move to identified, approved, vacant positions in Manitoba. The fund is now open to Manitoba Student/Resident Financial Assistance Program (MSRFAP) recipients. Applicants need not be Royal College certified. Availability of grants is on a first come, first served basis to the maximum availability of the fund. \$15,000 Value.

**This fund is designed to incent physicians to move to areas of Manitoba where they are needed most. The fund is open to MSRFAP recipients. The value of the grant is dependant upon the applicant's choice of settlement in Manitoba. The fund is only open to physicians who possess CCFP or FRCP certification. Availability of grants is on a first come, first served bases to the maximum availability of the fund. Value is dependent upon practice location (see attached chart).

Recipient's Name:

SIN# Required (to issue Cheque):

Previous Practice Location: Resettlement Location:
(Previous Practice Location and Resettlement Location applies to Physician Resettlement Fund only)

Projected Start Date: Region/Clinic:

Specialty: Position Title:

Date Submitted: Date Received:

New Position or Replacement Position

Is this position: Full-time or Part-time EFT - Be Specific:

1. **Describe specific service to be provided:**

2. **List physicians currently providing this specific service:**

3. **Within Region- Current # of:** Physicians practicing in this specialty: Vacancies in this specialty:
Length of vacancy(ies)

4. **Wait list issues (Describe impact on wait lists in relation to this vacancy):**

For Physician Resettlement Fund Applicants, ensure candidate has CCFP/FRCP Certification. Yes No

Application Submitted by: Title: Region:

Phone: Email:

Mail cheque to (address):

Approved Recruitment Amount: _____ Approved Resettlement Amount: _____ Approved Total Amount: _____

HWS Approval: _____ Date: _____
(Signature)