



Application for Incentive Grant

Please return signed copies to:

Northern Ontario Grant Assistance Program

Northeast Mental Health Centre

680 Kirkwood Dr.

Sudbury ON P3E 1X3

Tel: 705-675-9193 ext. 8411

Fax: 705-670-3152

Toll Free: 1-866-989-9299

Email: info@nogap.on.ca

Personal Information			
Surname	Given name	Citizenship	
Address	City/Town	Province	Postal Code
	Telephone Number		Email
Bilingual <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth (mm / dd / yy)	
University/College	Graduation Date (mm / dd / yy)	Registration Number (if applicable)	

Profession

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Psychological Associate | <input type="checkbox"/> Psychology (MA) | <input type="checkbox"/> Social Work (MSW) |
| <input type="checkbox"/> Developmental Services Worker | <input type="checkbox"/> Child & Youth Worker | <input type="checkbox"/> Social Services Worker | <input type="checkbox"/> Early Childhood Educator |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Chiroprapist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Speech-Language Pathologist | | | |

Factors that influenced your decision to practice in Northern Ontario: check all that apply (optional)

- | | |
|---|--|
| <input type="checkbox"/> Originally from / have lived in the area | <input type="checkbox"/> Financial incentive |
| <input type="checkbox"/> Proximity to family / friends | <input type="checkbox"/> To gain experience |
| <input type="checkbox"/> Enjoy rural setting / working conditions / quality of life | <input type="checkbox"/> Other |

Notice with Respect to the Collection of Personal Information (Freedom of Information and Protection of Privacy Act)

The information is collected under the legal authority of the Child and Family Services Act, R.S.O. 1990, c. C.11, for the purpose of assessing, verifying and monitoring eligibility for payment of a grant. For further information contact Lorraine Potvin, MCSS/MCYS FIPPA Representative at 199 Larch St, Suite 601, Sudbury ON P3E 5P9, (705) 564-8153.

Consent

I agree to cooperate fully with the program administrator, or its agents, in any evaluation of the program by the Ministry of Community and Social Services/Ministry of Children and Youth Services. Furthermore, I consent to the disclosure of my personal information, contained in any program files pertaining to this initiative and the former Northern Bursary Program, to the Ministry or its agent for the purpose of evaluating the initiative, and to Ministry agents for the purpose of recruitment.

Please Note: The program administrator retains the right to accept or refuse the application of any applicant under this initiative. For the applicant to be eligible to receive the incentive grant, this application must be approved by the program administrator before the applicant commences employment.

I, _____, undersigned do hereby apply to the program administrator for an Incentive Grant to fill a full-time vacant position within a transfer payment agency of the Ministry of Community and Social Services/ Ministry of Children and Youth Services.

The following documents are also required: Job offer or contract, Signed acceptance of job offer and Copy of diploma or degree.

Signature of Applicant	Date (mm / dd / yy)
Signature of Supervisor	Date (mm / dd / yy)