

Pathways: IEHP Support, Bridging and Integration Registration Form



Background

Pathways: IEHP Support, Bridging & Integration is a 5 year project funded by Health Canada, in collaboration with the SK Ministry of Health and lead provincially within the Saskatoon Health Region. The project will assist internationally educated health care professionals of Saskatchewan by providing information, referrals, resources, career development and training opportunities so that they may bridge into a career more aligned with their internationally trained profession.

Confidentiality

The information gathered on this form will be used to inform Saskatchewan Regional Health Authorities of the type of support IEHPs employed within their Region require. It may also be compiled and shared with organizations such as professional licensing regulatory bodies, educational institutions, community-based organizations or immigrant support organizations (i.e. Open Door Society, Saskatchewan Intercultural Association). Specific individual's names will not be identified or discussed without prior consent.

Participant Information - Please Print Clearly

Name _____

Address _____

Telephone Home _____ Cell _____

Email _____

I _____ authorize the IEHP Provincial Project Lead to share the information on this form with health region human resources consultants. My name will *not* be included with the information.

I _____ authorize the IEHP Provincial Project Lead to share the information on this form with health profession regulatory bodies (i.e. SRNA, SALPN, RPNAS). I will *not* be personally identified.

I _____ am interested in being contacted regarding IEHP Support, Bridging & Integration Project activities and initiatives.

Signature _____ Date _____

Employment and Education Background

1. In which health region are you currently employed? _____

In which positions/which facilities? _____

2. Where were you trained? Country _____

3. What was your occupation after training? _____

4. How long did you work in your internationally trained occupation? from: _____ to: _____

5. What is your career goal in Canada? _____

6. Have you contacted the regulatory body that licenses your occupation in Saskatchewan?

Yes _____ No _____ If yes, what was their recommendation? _____

7. What education did you receive before coming to Canada? _____

8. Have you had your education from outside of Canada formally assessed?

Yes _____ No _____ By which assessment service? _____ when? _____

9. Have you had your English language assessed?

Yes _____ No _____ Which test did you take (CELBAN,IELTS,TOEFL etc)? _____

When were you assessed _____ what level did you attain? _____

Reading _____ Listening _____ Writing _____ Speaking _____

Please read and consider the following Code of Confidentiality

As a participant in the *Pathways: IEHP Support, Bridging and Integration Project*, it is important that you understand and agree with this information:

As I interact with external support and partnering organizations and other Health Region employees, I will respect their right to privacy and anonymity including their name, address, background, family relationships, and the nature of my interaction with them. I acknowledge that it is permissible to talk to others about my experiences, but it is not permissible to discuss specific details about the person(s) with whom I am interacting or any other information about them. I acknowledge that my commitment to confidentiality continues after I complete my participation in the Project.

I will respect and support the desire of the Saskatchewan Regional Health Authorities to function as an ethical, positive service within the community. If I have issues or concerns, I will work in cooperation with the IEHP Provincial Project Leads to seek support and resolution.

Authorization for Exchange of Information

I authorize the IEHP Provincial Project Leads to exchange information and documentation related to my participation in the *Pathways: IEHP Support, Bridging and Integration Project* with regulatory bodies, educational institutions, Health Canada, the Saskatchewan Ministry of Health and Saskatchewan Regional Health Authorities.

Participant's Name (please print): _____

Signature: _____ Date: _____

Please return this form by fax, email, or mail to:

IEHP Provincial Project
People and Partnerships, Saskatoon Health Region
715 Queen St. Saskatoon, SK S7K 4X4
Phone: 306-655-3472 or 306-655-3470 Fax: 306-655-3979
iehp@saskatoonhealthregion.ca