

Confirmation of Enrolment and Employment

Employed Student Nurse (ESN) or Employed Student Psychiatric Nurse (ESPN)

Instructions

- Applicant completes Part A; School of Nursing completes Part B; Prospective employer completes Part C.

Part A — To be completed by the applicant

Last name: _____ First name: _____
Middle name: _____ Former name(s) if applicable: _____
Date of birth (dd/mm/yy): _____ BCCNM ID: _____
Address (Apt/Box/#/Street): _____ City/town: _____
Province/State: _____ Country: _____ Postal code/zip code: _____
Name/location of nursing education program(s): _____

By signing below, I agree to inform BCCNM:

- within one month if my employment with this facility concludes.
- within seven days if my employment with this facility is terminated for cause.
- within seven days if my enrollment in my current program of nursing or psychiatric nursing ceases or I change programs.

Signature: _____ Date (dd/mm/yy): _____

Part B — To be completed by nursing instructor/school administrator

Name: _____ Position: _____

I hereby verify that the above named student is currently enrolled at: _____
in the:

Registered Nursing Program Expected end date (dd/mm/yy): _____
 Registered Psychiatric Nursing Program Expected end date (dd/mm/yy): _____

Signature: _____ Date (dd/mm/yy): _____

Part C — To be completed by employer: employer supervision agreement/offer of employment

Employer: _____ Facility where applicant will be working: _____

Employment/orientation start date (dd/mm/yy): _____

Name/designation of manager/supervisor: _____ Title: _____

Phone: _____ Email: _____

Signature of manager/supervisor: _____ Date (dd/mm/yy): _____