Application for Internal Posting



TO COMPLETE THIS INTERNAL APPLICATION FORM:

- 1. Complete form IN FULL. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
- 2. Complete one application form for each posting.
- 3. YOU MUST FULLY COMPLETE ALL OF THE EDUCATION, EXPERIENCE, AND SKILLS & ABILITIES SECTIONS TO BE CONSIDERED.

| Posting Number | | | | Position 11t | ie | | | | |
|---|-------------------------|--------|-------------------------|--------------|----------------------|---|--|--|--|
| | | - | | | | - | | | |
| 6 digit posting number | | - | 3 letter extension | | | | | | |
| | l | | 1 | 1 | | | | | |
| Personal Details | | | | | | | | | |
| Name (Last name, First name) | | | | | Contact Phone Number | | | | |
| | | | | | | | | | |
| Employee ID # (check pay statement) | Procent position Little | | | | | Email (Mandatory) | | | |
| | | | | | | | | | |
| Present Department/Unit and Site | | | | | Name o | of Present Manager/Supervisor | | | |
| | | | | | | | | | |
| Current Status RFT | RPT |] TI | FT 🗆 TPT 🗆 | Casual | | | | | |
| | | | | | | | | | |
| QUALIFICATIONS - YOU MUS | ST FULL | y cor | MPLETE ALL THESE SE | CTIONS TO | RE CONS | SIDERED | | | |
| | | | | | DE 00.110 | 7.2-111-2 | | | |
| 1. Education / Training (Check | the ap | plicab | ole education, indicate | vear and m | onth vo | graduated and note the certifications that | | | |
| you hold.) | | | , | , | , , | | | | |
| | | | | | | Certification(s) e.g. High Acuity, Telemetry, | | | |
| FOR NURSING POSTINGS, PLEASE INDICATE: | | | TE: | | IONTH YEAR | Advanced Palliative Care Nursing etc. | | | |
| ☐ Master Degree in Nursing | | | | | | | | | |
| \square Bachelor's Degree in Nursing/ \square Psychiatric Nursing | | | | | | <u> </u> | | | |
| ☐ Diploma in Nursing/☐ Psychiatric Nursing/☐ Practical Nursi | | | rsing | | - | | | | |
| ☐ Other | | | | | | | | | |
| FOR NON-NURSING POSTINGS, PLEASE INDICATE: | | | | | IONTH YEAR | Applicable Certification(s) | | | |
| ☐ Master Degree | | | | | | | | | |
| ☐ Bachelor's Degree | | | | | | 1 | | | |
| ☐ Diploma | | | | | | - | | | |
| ☐ Other | | | | | | | | | |

Application must be received by Recruitment by the closing time indicated on the job posting. You must respond within 3 days to a request for an interview.

🗢 Email to: VCHInternalApplications@vch.ca Remember the complete posting number (6 digits and the 3 letter extension - eg: 123456-xyz) in the Subject line of the message.

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2. Experience (in chronological order)

| POSITION TITLE | SITE | DEPARTMENT | SPECIFIC PATIENT POPULATION | DATES EMPLOYED From / To | Full Time / Part Time or Casual | | | | |
|---|----------|------------|--|---------------------------------|------------------------------------|--|--|--|--|
| e.g. Registered Nurse, Med/Surg | e.g. LGH | e.g. Ortho | e.g. Pre & Post Op. Ortho/Surgical Patients | e.g. Dec 21, 2014 to Present | e.g. Full Time | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| 4. Qualifications (Skills & Abilities): Please explain how you meet each of the unit-specific skills & abilities to work successfully in this position on this unit. <i>Refer to Job Posting for Skills & Abilities</i> | | | | | | | | | |
| | | | | | | | | | |

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