

EXTRAORDINARY. EVERY DAY.

CONTACT / CONSENT FORM

NAME

EMAIL ADDRESS

PHONE NUMBER

CURRENT ROLE

- ☐ STUDENT
- ☐ MEDICAL RESIDENT
- ☐ PRACTICING HEALTH PROFESSIONAL

IF STUDENT - COMPLETION DATE OF STUDIES (INCLUDING RESIDENCY FOR MEDICAL)

GEOGRAPHIC LOCATION OF INTEREST WITHIN NEWFOUNDLAND AND LABRADOR

AREA OF STUDY OR PRACTICE

- ☐ REGISTERED NURSE
- ☐ NURSE PRACTITIONER
- ☐ PRACTICAL NURSE
- ☐ PERSONAL CARE ATTENDANT
- ☐ MEDICINE
 - ☐ STUDENT
 - ☐ RESIDENT: RESIDENCY PROGRAM

- ☐ RESPIRATORY THERAPIST
- ☐ CLINICAL PSYCHOLOGIST
- ☐ RADIATION THERAPIST
- ☐ CARDIOLOGY TECHNOLOGIST
- ☐ MEDICAL PHYSICISTS
- ☐ PRIMARY CARE PARAMEDIC
- ☐ ADVANCED CARE PARAMEDIC
- ☐ OTHER:

ANTICIPATED DATE AVAILABLE FOR RELOCATION AND EMPLOYMENT

CONSENT FOR CONTACT*

The Government of Newfoundland and Labrador, Department of Health and Community Services, in collaboration with the Regional Health Authorities, is interested in maintaining communication with you. It is important that we have your approval to allow us to connect with you, directly and confidentially, regarding career opportunities in Newfoundland and Labrador. Please be assured that your contact information will not be shared with outside sources. Personal information on this form is being collected for the purpose of contacting you about appropriate recruitment opportunities offered by the Government of Newfoundland and Labrador and the Regional Health Authorities. This information is being collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015. If you have any questions about the collection, use or disclosure of your personal information, please contact wendysnow@gov.nl.ca.

