



McGill

Dialogue McGill
Better Communication for Better Care

TRAINING AND RETENTION OF HEALTH PROFESSIONALS PROJECT

HEALTH AND SOCIAL SERVICES COMMUNITY LEADERSHIP BURSARY PROGRAM 2019-2020 ACADEMIC YEAR CATEGORY 3 BURSARY APPLICATION

FORM 2: COMMUNITY INVOLVEMENT REFERENCE

REFERENCES MUST BE SUBMITTED TO THE COMMUNITY NETWORK BY OCTOBER 22, 2019

NOTE: PLEASE DOWNLOAD THIS FORM, OPEN IT AND FILL IT OUT ON YOUR COMPUTER WITH ADOBE READER XI OR HIGHER. YOU CAN GET A FREE COPY OF ADOBE READER FROM THE [ADOBE WEBSITE](#). IT IS AVAILABLE FOR WINDOWS, MAC AND ANDROID DEVICES.

**TITLE PAGE AND SECTION 1 TO BE COMPLETED BY THE STUDENT
SECTIONS 2 TO 4 TO BE COMPLETED BY THE REFERENCE PROVIDER**

APPLICATION SPONSORED BY:

Name of Community Network

FOR:

Name of Student

PURSUING STUDIES AT:

Name of Educational Institution

PROGRAM OF STUDY:

Name of Program

SUBMITTED ON:

(yyyy/mm/dd)

SUBMITTED BY:

Name of Reference Provider

INSTRUCTIONS FOR STUDENT

INSTRUCTIONS FOR REFERENCE PROVIDER FOR THE STUDENT

Section 1: Information on Community Network (To be completed by the student)

Name of community network: _____ E-mail address: _____

Contact person: _____ Tel. number: _____

Section 2: Information on Reference Provider (To be completed by the provider)

Name of reference provider: _____

Name of organization: _____ Title: _____

Mailing address: _____

Municipality: _____ Province: _____ Postal Code: _____

Cell. number: _____ Tel. number: _____ E-mail address: _____

**Section 3: Student Involvement in the Community/Region
(To be completed by the provider)**

How long have you known the student? _____

Please describe your relationship to the student: *(Maximum 30 words)*

Please describe the student's involvement in your organization / community: *(Maximum 200 words)*

Do you recommend this candidate for a bursary award?

YES without reservation

YES with reservation but feel that she/he should be given a chance, because:
