

EMPLOYMENT INFORMATION

<p>CURRENT NON-YUKON EMPLOYER INFORMATION (if applicable)</p> <p>Employer, Agency (e.g. Yukon Health & Social; Yukon Hosp. Corp; Agency Name, etc.) _____</p> <p>Mailing Address _____</p> <p>City _____ Prov/Terr _____ Postal Code _____ Country _____</p>	<p style="text-align: center;">EMPLOYMENT STATUS CODE</p> <p style="text-align: center;">With NON-YUKONEMPLOYER</p> <p>(Select one code)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>FULL TIME</p> <p>1. Full-time by choice</p> <p>2. Full-time seeking part-time</p> </td> <td style="width: 50%; vertical-align: top;"> <p>TEMPORARY/TERM</p> <p>5. Temporary part-time</p> <p>6. Temporary full-time</p> </td> </tr> <tr> <td style="width: 50%; vertical-align: top;"> <p>PART TIME</p> <p>3. Part-time by choice</p> <p>4. Part-time seeking full-time</p> </td> <td style="width: 50%; vertical-align: top;"> <p>CASUAL</p> <p>7. Casual by choice</p> <p>8. Casual seeking part-time</p> <p>9. Casual seeking full-time</p> </td> </tr> </table>	<p>FULL TIME</p> <p>1. Full-time by choice</p> <p>2. Full-time seeking part-time</p>	<p>TEMPORARY/TERM</p> <p>5. Temporary part-time</p> <p>6. Temporary full-time</p>	<p>PART TIME</p> <p>3. Part-time by choice</p> <p>4. Part-time seeking full-time</p>	<p>CASUAL</p> <p>7. Casual by choice</p> <p>8. Casual seeking part-time</p> <p>9. Casual seeking full-time</p>
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<p>YUKON EMPLOYER INFORMATION</p> <p>Employer, Agency (e.g. Yukon Health & Social; Yukon Hosp. Corp; Agency Name, etc.) _____</p> <p>Mailing Address _____</p> <p>City _____ Prov/Terr _____ Postal Code _____ Country _____</p>	<p>YUKON WORK PLACE LOCATION</p> <p>Facility / Institution _____</p> <p>Community _____</p> <p>SPECIAL PRACTICE DATES</p> <p>Start: _____ day month year End: _____ day month year</p>
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PURPOSE OF SPECIAL PRACTICE: (Attach separate page if more space required.)

EMPLOYMENT STATISTICS

I am completing the employment statistics below based on: Yukon employment OR non-Yukon employment

<p>PLACE OF WORK</p> <p>Select code for primary employer only.</p> <p style="text-align: right;">[]</p> <p>01 Hospital</p> <p>02 Mental Health Centre</p> <p>03 Nursing Station (outpost or clinics)</p> <p>04 Rehabilitation / Convalescent Centre</p> <p>05 Nursing Home / Long Term Care</p> <p>06 Home Care Agency</p> <p>07 Community Health / Health Centre</p> <p>08 Business / Occupational Health</p> <p>09 Private Nursing Agency / Private Duty</p> <p>10 Self-employed</p> <p>11 Physician's Office / Family Practice</p> <p>12 Educational Institution</p> <p>13 Association / Government</p> <p>14 Other _____</p> <p>17 Public Health Department/Unit</p> <p>51 Medevac / Ambulance Service</p> <p>99 Not stated</p>	<p>PRIMARY AREA OF RESPONSIBILITY</p> <p>Select code for primary employer only</p> <p style="text-align: right;">[]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>DIRECT CARE</p> <p>01 Medicine / Surgery</p> <p>02 Psychiatric / Mental Health</p> <p>03 Paediatric</p> <p>04 Maternal / Newborn</p> <p>05 Geriatric / Long Term Care</p> <p>06 Critical Care</p> <p>07 Community Health</p> <p>08 Ambulatory Care</p> <p>09 Home Care</p> <p>10 Occupational Health</p> <p>11 Operating Room / RR</p> <p>12 Emergency Care</p> <p>13 Several Clinical Areas</p> <p>14 Oncology</p> <p>15 Rehabilitation</p> <p>17 Public Health</p> <p>18 Telehealth</p> <p>19 Other Direct Care</p> </td> <td style="width: 50%; vertical-align: top;"> <p>ADMINISTRATION</p> <p>22 Nursing Service</p> <p>23 Nursing Education</p> <p>24 Other Administration</p> <p>EDUCATION</p> <p>31 Teaching students</p> <p>32 Teaching employees</p> <p>33 Teaching patients/clients</p> <p>34 Other education</p> <p>RESEARCH</p> <p>41 Nursing research only</p> <p>42 Other Research</p> <p>99 Not Stated</p> </td> </tr> </table>	<p>DIRECT CARE</p> <p>01 Medicine / Surgery</p> <p>02 Psychiatric / Mental Health</p> <p>03 Paediatric</p> <p>04 Maternal / Newborn</p> <p>05 Geriatric / Long Term Care</p> <p>06 Critical Care</p> <p>07 Community Health</p> <p>08 Ambulatory Care</p> <p>09 Home Care</p> <p>10 Occupational Health</p> <p>11 Operating Room / RR</p> <p>12 Emergency Care</p> <p>13 Several Clinical Areas</p> <p>14 Oncology</p> <p>15 Rehabilitation</p> <p>17 Public Health</p> <p>18 Telehealth</p> <p>19 Other Direct Care</p>	<p>ADMINISTRATION</p> <p>22 Nursing Service</p> <p>23 Nursing Education</p> <p>24 Other Administration</p> <p>EDUCATION</p> <p>31 Teaching students</p> <p>32 Teaching employees</p> <p>33 Teaching patients/clients</p> <p>34 Other education</p> <p>RESEARCH</p> <p>41 Nursing research only</p> <p>42 Other Research</p> <p>99 Not Stated</p>	<p>POSITION</p> <p>Select code for primary employer only.</p> <p style="text-align: right;">[]</p> <p>01 Chief Nursing Officer / CEO</p> <p>02 Director / Assistant Director</p> <p>03 Manager / Assistant Manager)</p> <p>06 Staff Nurse / Community Health Nurse</p> <p>08 Instructor / Professor / Educator</p> <p>09 Researcher</p> <p>10 Consultant</p> <p>11 Other _____</p> <p>14 Clinical Nurse Specialist</p> <p>15 Nurse Midwife</p> <p>16 Nurse Practitioner</p>
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ALL APPLICANTS

I understand that YRNA provides anonymous statistical information extracted from this form to the Canadian Institute for Health Information (CIHI) for inclusion in the national RN Database.

By my signature below, I confirm that:

- 1) I understand that in order to practise nursing in the Yukon I am required by law to hold a license with YRNA before I commence employment, including any orientation.
- 2) I have disclosed to YRNA any known condition which may impede my capacity to practice;
- 3) I have reported to YRNA any investigation of, conditions on, or suspension of, a nursing license I hold in another jurisdiction.

I certify that the information contained in this form is true and correct and that I am willing and able to comply with the Canadian Nurses Association's **Code of Ethics for Registered Nurses**.

Signature: _____

Date: _____