

**Consent Form to Obtain Employment
Verification Information**

Return directly to SRNA office

Last Name _____ Given Name _____ Middle Name _____

Former Name(s) _____

Home Address _____ City _____

Province/State _____ Country _____ Postal/Zip Code _____

Telephone: Home (____) _____ Work (____) _____ Ext ____ Cell (____) _____

I If you have worked as a Registered Nurse, complete the following and return to SRNA.
(If you have never worked as a RN, go to Section II)

Current/Most Recent Registered Nurse Employer (complete address required)

_____ Name of Employer	Start Date _____
_____ Address	End Date _____
_____ City	Full Time _____
_____ Province/State	Part Time _____
_____ Postal/Zip Code	
_____ Supervisor's Name	_____ Telephone Number
	_____ Fax Number

CONSENT FOR INFORMATION TO BE RELEASED TO THE SRNA

I hereby give consent to my present or past employer for release of information concerning my competency to practice nursing to the Saskatchewan Registered Nurses' Association, solely for the purpose of assessment of my application for nurse registration in Saskatchewan.

Signature

Date

OR II If you have never worked as a Registered Nurse, sign and date the following:

I hereby certify that I have never worked as a Registered Nurse.

Signature

Date