



Saskatchewan Registered Nurses Association
 2066 Retallack Street
 Regina, Saskatchewan
 S4T 7X5

**Consent Form to Obtain Employment
 Verification Information for
 Graduate Nurse**

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 Graduate Nurse, complete the following and upload to your SRNA account. Once received an *Employment Reference Questionnaire* will be sent to your Nurse Manager.

Current/Most Recent Graduate Nurse Employer (address & contact info is required)

_____ Name of Employer (Facility-Health Region) _____ Address _____ City _____ Province/State _____ Postal/Zip Code _____	GN Start Date _____ (clinical practice) End Date, if applicable _____ Full Time _____ Part Time _____
_____ Nurse Manager's Name	Telephone Number _____ Fax Number _____ _____ Supervisor's Work Email Address

CONSENT FOR INFORMATION TO BE RELEASED TO THE SRNA

I hereby give consent to my present or past graduate nurse 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 an extension to my graduate nurse registration in Saskatchewan.

 Signature Date