



4. Please prioritize your preferred area(s) of practice (e.g. Children's Health, Women's Health, Public Health etc.)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

5. Please list the language(s) of practice used by the host organization:

\_\_\_\_\_  
\_\_\_\_\_

6. Will you be able to communicate in these language(s)?  YES  NO

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Confirm you are aware that you will require internet access and have researched available access in your desired location. Please identify the type of internet connection available to you:

Dial-Up  
 DSL Modem  
 High-Speed

8. Confirm you have a laptop (or other device) that you will be able to bring with you.  YES  NO

9. Confirm you have researched the travel expenses and insurance. (medical & travel)  YES  NO

The approximate costs are: \$ \_\_\_\_\_

10. Confirm you have researched safe and affordable housing/accommodation for 12 weeks.  YES  NO

The approximate costs are: \$ \_\_\_\_\_

11. Confirm you have researched ground transportation.  YES  NO

How will you get to and from your placement for shifts? \_\_\_\_\_

The approximate costs are: \$ \_\_\_\_\_

<input type="checkbox"/> 12. Confirm you have researched costs of tuition/fees for courses.	NURSING 4P04	NURSING 4J07
The approximate costs are:	\$ _____	\$ _____

13. Confirm you have visited the Department of Foreign Affairs & International Trade (DFAIT) Canada "Travel Advisories" website.  YES  NO

What kind of precautions are stated for your destination?

\_\_\_\_\_

\_\_\_\_\_

14. Confirm you have researched visa requirements for the country you would like to be placed in:  YES  NO

If YES:

a. What is the cost of a visa application for your destination? \$ \_\_\_\_\_

b. By what date must you apply for your visa? \_\_\_\_\_

15. Confirm you have contacted a travel clinic to determine the immunizations you will need before you leave Canada?  YES  NO

What immunizations are required? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any additional comments/concerns you feel like the Global Health Education Committee would be interested to know about your application process:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please note, if selected, you must attend the Pre-Departure Workshop sessions during the month of April, begin your clinical placement in the month of May or September, and attend a debriefing session upon your return at the Re-Entry Session.*