**HCA Recruitment Incentive - BC Health Employment Confirmation Template**

**Background**

On January 21, 2021, the Ministry of Health (MoH) announced that students completing Health Care Assistant (HCA) Programs who choose to take employment in the long-term care or assisted living sector, and commit to a 12-month return-of-service (ROS) will be eligible for a recruitment incentive of $5,000.

To be eligible for this incentive, participants must have started a Health Care Assistant (HCA) Program at a recognized public or private institution between January 1, 2020 and March 31, 2021 and have obtained employment in any Health Authority owned and operated, affiliate or private long-term care (LTC) or assisted living (AL) setting within B.C, or any Health Authority owned and operated home support/ community setting. Participants will also be required to sign a 12-month Return of Service (ROS) agreement. The ROS agreement is between the participating HCA and the Ministry of Health. The ROS term will begin on the date the ROS agreement is signed. This ROS will be available to regular and casual employees.

Applicants must provide proof of employment as an HCA in BC by having a Nurse Manager or Human Resources Representative submit a satisfactory Confirmation of Employment Letter to the Health Match BC HCA team at[**incentiveapplications@choose2care.ca**](mailto:incentiveapplications@choose2care.ca). Please see below the instructions and the content to include in the letter.

**Instructions:**

1. Please send this form to your employer for completion. Positions that can provide confirmation of employment: Nurse Manager or Human Resources (HR) Department Representative.
2. Once completed, the Nurse Manager or Human Resources Representative must email this form directly to the Health Match BC HCA team at[**incentiveapplications@choose2care.ca**](mailto:incentiveapplications@choose2care.ca) with the Subject Line: Applicant First Name, Last Name, BC Health Employment Confirmation Template.
3. If possible, please prepare this letter on official employer letterhead.

**Content to include on letter:**

**\*Mandatory fields indicated with an asterisk (\*)**

Re: Health Care Assistant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert applicant’s full name)

I understand that to be eligible for the HCA Recruitment Incentive through the Ministry of Health, the applicant must provide proof of employment as a Health Care Assistant with an eligible employer in BC.

\***Employer Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Employer Site**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Employer Address and postal code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Employment Type (please indicate one of the work settings from the list below)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Health Authority owned and operated, affiliate or private long-term care (LTC) setting;
2. Health Authority owned and operated, affiliate or private assisted living (AL) setting;
3. Health Authority owned and operated home support/community setting;

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\***Name**), confirm that the above named individual has been employed as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\***Position Title**) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\***Employer Name**) in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\***Department Name**), from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\***Employment Start Date**) to present.

I confirm that the above named individual is an employee in good standing.

I agree to be contacted directly if the Ministry of Health requires any additional information about the above named individual’s employment.

\***Nurse Manager / HR Representative printed name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Nurse Manager / HR Representative signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nurse Manager license number and province/territory (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Representative Title (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_