



Experience Nursing at Sentara Halifax Regional Hospital

Sentara Halifax Regional Hospital and the Area Health Education Center at Southern Virginia Higher Education Center will offer a Nursing Experience from 5pm – 7pm on Thursday November 29, at Sentara Halifax Regional Hospital in South Boston. Participants will learn about the nursing profession from practicing nurses and work with those nurses to care for a mock patient in the hospital. Space is limited, and the application below must be completed and received by Southern Virginia Higher Education Center by November 19, 2018. All applicants must include the two completed and signed references. High School students and those under 18 must also include the signed parent permission.

Participant Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email you check \_\_\_\_\_

Best Way to contact you: \_\_\_\_\_

If you are in high school:

High School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Participants beyond high school:

Summary of any college level work completed: \_\_\_\_\_

If employed, what is your job? \_\_\_\_\_

If you are currently enrolled in pre-nursing or health professions courses, what courses?

\_\_\_\_\_

Briefly explain your interest in Nursing and the Experience Nursing event:

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

Space is limited to the first 20 completed and approved applications, including references and parent permission. Participation offers will be sent out no later than November 20, 2018 via email. RSVP to offers, indicating commitment to participate, must be received by email: [virginiabyrd@svhec.org](mailto:virginiabyrd@svhec.org) Fax: 434-572-5462, mail: Virginia Byrd 820 Bruce Street, South Boston, VA 24592, or submitted in person, no later than November 27, 2018. Email to Direct questions to Virginia Byrd at Southern Virginia Higher Education Center, [virginiabyrd@svhec.org](mailto:virginiabyrd@svhec.org) , or 434-572-5568.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Internal Use:

Date Application, Parent Permission, & References Received \_\_\_\_\_

Participation Offer Sent \_\_\_\_\_ RSVP Received \_\_\_\_\_



**REFERENCE # 1**

*References are required for the Experience Nursing event on November 29<sup>th</sup> at Sentara Halifax Regional Hospital. Please have the following questionnaire completed and signed by a professional over 21 years old, other than a parent or guardian. References may be a teacher; school counselor or administrator; a past or present employer; a licensed healthcare professional; a clergy member; or other adult who knows you well. Two completed and signed references are required.*

**Background information for those providing references:** Participants in the Experience Nursing event will learn about the nursing profession from practicing nurses and work with those nurses to care for a mock patient in the hospital. Participation priority will be given to potential nursing students who have demonstrated interest in health professions, and who can be relied upon to arrive on time for the event on November 29<sup>th</sup>. All applicants must include the two completed and signed references. Thank you for taking the time to complete the questionnaire below.

Please rate the candidate in the following areas:

	<i>unknown</i>	<i>poor</i>	<i>fair</i>	<i>good</i>	<i>excellent</i>
<b>Courteous and considerate to others</b>					
<b>Neat and Clean in appearance</b>					
<b>Regular and punctual attendance</b>					
<b>Works hard as a student</b>					
<b>Keeps commitments</b>					
<b>Wants to help others</b>					
<b>Exhibits personal integrity</b>					

Additional Comments, especially related to potential as a nursing student:

---



---



---



---



---

Please print name \_\_\_\_\_ Profession \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Best way to contact you, by phone or email \_\_\_\_\_



**REFERENCE #2**

*References are required for the Experience Nursing event on November 29<sup>th</sup> at Sentara Halifax Regional Hospital. Please have the following questionnaire completed and signed by a professional over 21 years old, other than a parent or guardian. References may be a teacher; school counselor or administrator; a past or present employer; a licensed healthcare professional; a clergy member; or other adult who knows you well. Two completed and signed references are required.*

**Background information for those providing references:** Participants in the Experience Nursing event will learn about the nursing profession from practicing nurses and work with those nurses to care for a mock patient in the hospital. Participation priority will be given to potential nursing students who have demonstrated interest in health professions, and who can be relied upon to arrive on time for the event on November 29<sup>th</sup>. All applicants must include the two completed and signed references. Thank you for taking the time to complete the questionnaire below.

Please rate the candidate in the following areas:

	<i>unknown</i>	<i>poor</i>	<i>fair</i>	<i>good</i>	<i>excellent</i>
<b>Courteous and considerate to others</b>					
<b>Neat and Clean in appearance</b>					
<b>Regular and punctual attendance</b>					
<b>Works hard as a student</b>					
<b>Keeps commitments</b>					
<b>Wants to help others</b>					
<b>Exhibits personal integrity</b>					

Additional Comments, especially related to potential as a nursing student:

---



---



---



---

Please print name \_\_\_\_\_ Profession \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Best way to contact you, by phone or email \_\_\_\_\_



**Parent or Guardian Permission for anyone under 18 and ALL High School Students**

I would like for \_\_\_\_\_ to participate in the Nursing Experience at Sentara Halifax Regional Hospital from 5pm – 7pm on November 29<sup>th</sup>, 2018. I will arrange for the student to arrive for the event by 5pm and to have a ride home at 7pm. Students not driving themselves to the event may be dropped off at the main entrance to Sentara Halifax Regional Hospital, 2204 Wilborn Avenue, South Boston.

Please print name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_