



Personal Support Worker Return of Service (PSW ROS) Initiative Employer Application Form

To attract newly graduated Personal Support Workers to work in Long-Term Care homes and Home and Community Care agencies in greatest need across Ontario, this initiative provides a \$5,000 incentive to recent PSW graduates in exchange for a six-month commitment to an eligible Long-Term Care or Home and Community Care employer.

Eligibility Criteria

To apply for PSW ROS eligibility, an employer must:

- Be a publicly-funded Long-Term Care home or Home and Community Care agency;
- Confirm that funding will not replace any existing employee incentives currently offered by the organization; and
- Offer full-time hours to an eligible PSW to deliver publicly funded personal support services exclusively.

To be eligible for the PSW ROS, a Personal Support Worker must:

- Successfully complete an Ontario PSW training program that meets the Ontario Ministry of Training, Colleges and Universities program standard;
- Graduate from their training program on or after April 1, 2020; and
- Fulfill the full-time work schedule offered by the employer.

Process

1. Submit Employer Application Form by Monday, October 5th, 2020:

- Employer submits the PSW ROS Employer Application Form and a complete job posting.
- Each application will be assessed on a case by case basis considering a number of factors, including health system priorities, geography, and local and regional health workforce capacity.
- Submission of a completed application by an employer does not guarantee the employer approval or for the receipt of any potential funding from the Ministry of Health or Ontario Health in respect of PSW recruitment.

2. Employer Receives Application Approval:

- Employers will be notified of the maximum number of PSWs eligible for PSW ROS funding.
- The employer will receive support in adding their job posting to HFOJobs.ca.
- Funding will be disbursed following successful recruitment and hiring of eligible PSWs.

3. Personal Support Worker Recruitment:

- Interested Personal Support Workers search and apply for approved opportunities at HFOJobs.ca.
- Employer recruits using their standard recruitment process.

4. Submit Request for Funding and Return of Service Agreement:

- The agreement must be signed by both the employer and the eligible Personal Support Worker.
- The request for funding is subject to approval by Ontario Health. Employers will be notified by email once approved.
- If the funding request meets all eligibility criteria, the agreement will be signed and executed by Ontario Health.

Funding will be disbursed through the program to eligible PSWs in two installments: \$2,000 two months after beginning their commitment, and \$3,000 upon completion of the 6-month commitment.

Application Instructions

This application form should be completed by any eligible employer who is interested in recruiting an eligible Personal Support Worker.

- Review all eligibility criteria prior to completing this application form.
- Please ensure that all sections of the application form are complete. Incomplete applications will not be processed.

Send your completed application form AND job posting via email to info-hfo@ontariohealth.ca.

Once an application has been received, Ontario Health will send a confirmation of receipt via email.

If you do not receive a confirmation of receipt, or if you have any questions about completing this application form, please contact: info-hfo@ontariohealth.ca.

Application

Section A – Employer Information

1. **Organization Name:**
2. **Mailing Address:** (full address including unit, city, postal code)
3. **Site Address:** (please include addresses for all sites where a PSW may be hired to work)
4. **Organization Type:** (please select)

Long-Term Care

Home and Community Care

Note: Only Long-Term Care and Home and Community Care organizations are eligible for this initiative.

5. **Primary Contact for Application:**

Full Name:

Title:

Email Address:

Telephone:

6. Additional Contacts: (if applicable)

Full Name: _____ Title: _____
Email Address: _____ Telephone: _____

Full Name: _____ Title: _____
Email Address: _____ Telephone: _____

7. How many PSWs does your organization intend to recruit through the PSW ROS?

Note: Employers must offer full-time hours to be eligible.

8. How many PSWs does your organization currently employ?

9. How many PSW vacancies do you currently have at your organization?

Section B – Authorization and Acknowledgements

By signing this application, you are confirming that: (please check each box)

Your organization is a publicly-funded Long-Term Care home or Home and Community Care agency;

The PSW ROS funding will not replace any existing employee incentives currently offered by your organization;

Your organization has in place a suitable Human Resources (HR) infrastructure with sufficient capacity to onboard and support newly hired PSWs;

Any PSW recruited through the PSW ROS will be offered full-time hours; and

Your organization has the necessary finances to support the ongoing employment for the number of PSWs identified in this application.

Signing Authority from Organization:

Name:

Title:

Signature:

Date:

Please remember to submit a complete job posting along with the PSW ROS Employer Application Form.