



Rural Education & Advanced Learning (REAL) Program Letter of Support

Dear Manager or Supervisor,

You are being asked to provide this Letter of Support for an employee as part of the REAL Program eligibility criteria. Please complete and sign the following form. If you have any questions or concerns, please contact REAL@rhpap.ca

TO: RhPAP Health Professions Team

FROM: Name of Manager/Supervisor: _____

Title: _____

Organization/Department: _____ Community: _____

Email: _____ Phone: _____

Re: Letter of Support for (applicant name): _____

Requested Course/Training/Education: _____

Offered by Institution/Organization: _____

As the employer, please tick the boxes if you agree with the following:

This applicant is currently employed with the organization, and has worked for the organization for more than 6 months

I recognize the potential benefit of this course/training/education

This proposed course/training/education will benefit the applicant, the organization and the rural community in which they work

As the employer, please tick the boxes if you agree to the following:

Permit the applicant time away for completion of the requested course/training/education (if applicable)

Provide opportunity, equipment or support for the applicant to put the requested course/training/education into practice

Provide feedback to RhPAP through interviews/evaluations on the quality and effectiveness of the REAL Program within your organization and community

Any additional reflections that we should consider in the evaluation of this application?

By signing this form, you agree to the collection of the above personal information by RhPAP. This information may be used in the future to contact you to verify the application, and to gather feedback for the REAL Program. If you have any questions or concerns, please contact REAL@rhpap.ca

Signature

Date