



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

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: REAL Team

FROM: Manager/Supervisor: _____

Title: _____

Organization: _____ Community: _____

Email: _____ Phone: _____

Re: Letter of Support for _____

Requested Education: _____

Offered by: _____

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

This applicant is employed with the organization either in an out-of-scope/non-union position or as a clinical nurse educator, clinical resource nurse, clinical nurse specialist, or hospital department lead.

This applicant has worked for the organization in a rural position for more than 6 months.

This education will benefit the applicant, the organization, and the rural community in which they work.

The applicant will be permitted time away for completion of the requested education (if applicable).

The applicant will be provided opportunity, equipment, or support to put this education into practice (if applicable).

I am prepared to provide feedback to RHPAP through interviews/evaluations on the quality and effectiveness of the REAL Program within my organization and community.

Any additional reflections that RHPAP should consider in the evaluation of this application:

By signing this form, you agree to have the above personal information collected by RHPAP. This information may be used in the future to contact you to verify application information or to solicit feedback on the REAL Program. If you have any questions or concerns, please contact REAL@rhpap.ca

Signature

Date