



Experiential Locum Grant Application

The Physician Experiential Locum Program is intended to assist in the recruitment of family physicians to the Town of Gananoque (the 'Town') through grant funding for short-term locums (1-2 months). The locums provide an opportunity for family physicians to come and experience the Town in both a professional and personal capacity.

Please review the Physician Experiential Locum Grant Policy and preview the application to ensure that you have the information necessary to complete the form.

Please complete all the boxes and be sure to attach a Letter of Intent signed by the visiting physician.

Part I – Medical Clinic Information

Name of Medical Clinic

Address

Email

Name of Contact Physician

Email

Telephone No.

Part II – Applicant Information

Name of Visiting Physician

Address

Email

Is the physician licensed to practice family medicine in Ontario?

Yes No

Has the physician previously received a grant under this Program?

Yes No

Has the physician signed a Letter of Intent? If yes, please upload the signed Letter of Intent.

Yes No

Part III – Experiential Locum Information

Is the locum an Experiential Locum as defined in the Physician Experiential Locum Grant Policy and not a locum to cover the absence of another physician?

Yes No

Locum Start Date

Locum End Date

Total Number of Working Days

Salary to be Paid (per day)

Part IV – Grant Request

The Town will fund 40% of the eligible applicant physician's daily salary up to a maximum of \$480 per day during the Experiential Locum.

Funding request – salary

The physician may qualify for a housing allowance or a travel allowance.

Is the physician going to reside in the Town during the locum? If yes, claim \$2,000 per month to a maximum of two months.

Funding request – housing allowance

If the physician is not residing in the Town, claim a \$350 travel allowance for each week of the locum to a maximum of \$2,800.

Funding request – travel allowance

Part V – Authorization

I certify that the information provided in this application is true, correct and complete to the best of my knowledge and that the Town may verify any and all information pertaining to this application.

Before submitting this application, I agree as follows:

1. I am 19 years of age or older and am legally authorized and have all the required approvals necessary to make this application on behalf of the medical clinic.
2. This application will be received and reviewed by Town staff and submitting this application does not mean that it will be accepted.
3. I accept and assume all risks, dangers and hazards associated with the application and employing the physician for the Experiential Locum and I acknowledge responsibility to properly insure and protect myself against risks associated with the application and said employment of the physician.
4. I hereby waive all claims arising from this application that it has or may have in the future against the Town, its elected officials, officers, employees, volunteers and representatives associated with the application and the said employment of the physician (hereinafter collectively referred to as the "Releasees").
5. I release the Releasees from any and all liability for death or any loss, damage, injury or expense that it may suffer arising from this application, the said employment of the physician for the Experiential Locum or due to any cause whatsoever.

By inserting my name below, the date, and clicking "continue" I declare that I have understood the risks associated with the application and I duly authorized to make the agreement in respect of my medical practice.

Signature

Date