

FULL NAME
BScN Student, University of Toronto
Address,
Phone number & utoronto email address

POST-SECONDARY EDUCATION

Bachelor of Science in Nursing,
Lawrence S Bloomberg Faculty of Nursing, University of Toronto

September 2016 – present

Name of Program, Major or Specialization,
Name of Institution

yyyy – yyyy

[List other post-secondary programs, if applicable]

Name of Program, Major or Specialization,
Name of Institution

yyyy – yyyy

CLINICAL NURSING PLACEMENTS

Unit Name, Hospital Name

month – month, yyyy

- Short description of patient population and health need(s)
- Short description of focus of your learning

Unit Name, Hospital Name

month – month, yyyy

- Short description of patient population and health need(s)
- Short description of focus of your learning

Unit Name, Hospital Name

month – month, yyyy

- Short description of patient population and health need(s)
- Short description of focus of your learning

Unit Name, Hospital Name

month – month, yyyy

- Short description of patient population and health need(s)
- Short description of focus of your learning

Unit Name, Hospital Name

month – month, yyyy

- Short description of patient population and health need(s)
- Short description of focus of your learning

Volunteer & Community Experience

Name of Community Agency, Hospital, NGO

month, yyyy – month, yyyy

- Short description of agency work, population served, location
- Short description of position or involvement

Name of Community Agency, Hospital, NGO

month, yyyy – month, yyyy

- Short description of agency work, population served, location
- Short description of position or involvement

Name of Community Agency, Hospital, NGO

month, yyyy – month, yyyy

- Short description of agency work, population served, location
- Short description of position or involvement

University Clubs & Involvement

Name of Club or Group, Name of University

month, yyyy – month, yyyy

- Short description of your position or involvement

Name of Club or Group, Name of University

month, yyyy – month, yyyy

- Short description of your position or involvement

Relevant Work Experience

Name of Workplace/Organization

month, yyyy – month, yyyy

- Short description of workplace, location
- Short description of position and responsibilities

Name of Workplace/Organization

month, yyyy – month, yyyy

- Short description of workplace, location
- Short description of position and responsibilities

HONOURS, AWARDS & SCHOLARSHIPS (list all that apply to you)

Name of Award, Granting Institution, yyyy

- Description of award

PROFESSIONAL MEMBERSHIPS (list all that apply to you)

Registered Nurses Association of Ontario, Student membership (xxxx – present)

For applicants to Global Health Section only:

Name of Faculty Member and Permission to Contact _____