The Prior’s Award exists to encourage St. John to be a learning organization by providing St. John volunteers and staff with opportunities to participate in a wide variety of learning experiences. These experiences can take many forms, such as internships and international exchanges, short-term professional development courses, and academic programs at the post-secondary level. Each learning experience should strive to contribute to strengthening St. John’s organizational capacity.

To apply for this award you must:

1. Fill in all sections of this application. The application can be completed electronically.
2. Forward your completed application together with any supporting documentation by the March 15th deadline to your St. John Ambulance council office.

If faxing or emailing your application, **original documents must be received** at your council office within one week of the deadline. **Incomplete applications will not considered.**

These are the steps to the application and review process:

1. Your file will be reviewed for completeness by your Provincial/Territorial council prior to forwarding to the National Committee.
2. All completed applications will be assessed by the National Committee to determine the award recipient.
3. You will be notified of your application status

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| **Privacy Statement**  St. John Ambulance is committed to your privacy. The personal information you have provided us within this application form will be used to determine your eligibility for the Prior`s Award. Following the notification to the selected candidates of their application status, the information of those individuals selected will be retained at St. John Ambulance National Office for a period of 10 years. The information of those individuals who were not eligible will be destroyed within two years following the issuance of notification. Should you wish to have access to the information about yourself, to review it and or ask for corrections or add annotations to it, please contact the Assistant Registrar at St. John Ambulance at [info@theorder.ca](mailto:info@theorder.ca) or by mail at 400-1900 City Park Dr., Ottawa, Ontario K1J 1A3. For further information about St. John Ambulance`s Privacy Policy, please contact our Privacy Officer at the address above or by email at [privacyofficer@sja.ca](mailto:privacyofficer@sja.ca). | | | | | | | | | | | | | | |
| **Council / Branch** | | | | Click here to enter text. | | | | | | | | | | |
| **Full Name of Applicant** | | | | | | | | | | | | | | |
| **First** | Click here to enter text. | | | | | **Middle** | | Click here to enter text. | | | | **Last** | Click here to enter text. | |
| **Address** | | | | | | | | | | | | | | |
| **Street Number** | | | Click here to enter text. | | | | **Street Name** | | Click here to enter text. | | | | | |
| **City** | Click here to enter text. | | | | | | **Province or Territory** | | | | Enter text | | **Postal Code** | Enter text |
| **Unity #** | | Enter text | | | **Email** | | Click here to enter text. | | | | | | | |
| **Type of learning activity involved:**  Academic courses, post-secondary level  Internship or International Exchange  Professional development workshop, seminar, etc. | | | | | | | | | | | | | | |
| **Description of Learning Activity:**  Click here to enter text. | | | | | | | | | | | | | | |
| **Additional Documents Attached (Please check all boxes):**  200 Word Essay, attached (detailing how the applicant will contribute to St. John’s and how learning will be applied)  Letter of Reference/Support, attached  Information on Learning Activity | | | | | | | | | | | | | | |
| By submitting my application for this award, I understand that if selected, I will be required to submit an evaluation of the learning experience, describing how the experience has made a difference both personally and to the organization. I will include any success stories that have resulted. I understand that my acceptance into this award program will result in a profile of my activities on the SJA website, and in SJA newsletters such as “The Order News.” | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | Click here to enter text. | | | | |
| Signature | | | | | | | | | | Date | | | | |

**Please submit this document and any additional Appendices (Reference Letters, etc.) to your Council Office.**